

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000005246

**Entity Name:** COPRX, LLC

**Current Principal Place of Business:**

3950 S US HWY 17-92 UNIT 1048  
CASSELBERRY, FL 32707

**Current Mailing Address:**

3950 S US HWY 17-92 UNIT 1048  
CASSELBERRY, FL 32707

**FEI Number:** 47-2753317

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ABDELRAHMAN, ZAFIR  
3950 S US HWY 17-92 UNIT 1048  
CASSELBERRY, FL 32707 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ABDELRAHMAN, ZAFIR  
Address 3950 S US HWY 17-92 UNIT 1048  
City-State-Zip: CASSELBERRY FL 32707

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ZAFIR ABDELRAHMAN

**MANAGER**

**04/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date