

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000039252

Entity Name: CLOVERLEAF PHARMA, LLC

Current Principal Place of Business:

2950 GREYSTONE DR
PACE, FL 32571

Current Mailing Address:

2950 GREYSTONE DR
PACE, FL 32571 US

FEI Number: 47-3887943

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIATOR, STUART
2950 GREYSTONE DR
PACE, FL 32571 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 MGR
Name VIATOR, STUART
Address 2950 GREYSTONE DR
City-State-Zip: PACE FL 32571

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: STUART VIATOR

OWNER

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date