

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000080191

Entity Name: PROMISEED PHARMALIFE LLC

Current Principal Place of Business:

15987 SW 6TH STREET
PEMBROKE PINES, FL 33027

Current Mailing Address:

15987 SW 6TH STREET
PEMBROKE PINES, FL 33027 US

FEI Number: 81-2393950

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLFC AND ASSOCIATES LLC
8200 NW 41 STREET
SUITE 200
DORAL, FL 33166 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	Title	MGR
Name	SIERRAALTA, LUIS A	Name	JAGADEESAN, AMAL PRADEEP K
Address	15987 SW 6TH STREET	Address	15987 SW 6TH STREET
City-State-Zip:	PEMBROKE PINES FL 33027	City-State-Zip:	PEMBROKE PINES FL 33027

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: LUIS A SIERRAALTA

MGR

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date