

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000182312

**Entity Name:** MORPHOGEN I, LLC

**Current Principal Place of Business:**

20064 GULF BLVD. #2  
INDIAN SHORES, FL 33785

**Current Mailing Address:**

20064 GULF BLVD. #2  
INDIAN SHORES, FL 33785 US

**FEI Number:** 81-5019312

**Certificate of Status Desired:** No

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

BUCHMAN, ELLIOT  
20064 GULF BLVD. #2  
INDIAN SHORES, FL 33785 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 BUCHMAN, ELLIOT  
Address 20064 GULF BLVD. #2  
City-State-Zip: INDIAN SHORES FL 33785

*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:** ELLIOTT BUCHMAN

MGR

01/18/2018

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

\_\_\_\_\_  
Date