## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L17000141827

Entity Name: UNIVERSAL PHARMA LATAM, LLC

# **Current Principal Place of Business:**

1 ALHAMBRA PLAZA SUITE 1410 CORAL GABLES,, FL 33134

### **Current Mailing Address:**

1 ALHAMBRA PLAZA SUITE 1410 CORAL GABLES,, FL 33134

### FEI Number: 82-2079467

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

SOMERSET CORPORATE SERVICES, INC. 1 ALHAMBRA PLAZA SUITE 1410 CORAL GABLES,, FL 33134 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

#### Authorized Person(s) Detail :

Authorized Ferson(s) Detail.			
Title	MGR	Title	MGR
Name	GUEVARA FUENTES, WILFREDO	Name	AUE, CARLOS
Address	1 ALHAMBRA PLAZA SUITE 1410	Address	1 ALHAMBRA PLAZA SUITE 1410
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	MGR		
Name	AUE, ERNST		
Address	1 ALHAMBRA PLAZA SUITE 1410		
City-State-Zip:	CORAL GABLES FL 33134		

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: WILFREDO GUEVARA FUENTES

MANAGER

04/01/2019

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date