

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000004197

**Entity Name:** SOANE PHARMA LLC

**Current Principal Place of Business:**

380 NE 72ND TERRACE  
C/O SOANE TECHNOLOGIES, LLC  
MIAMI, FL 33138

**Current Mailing Address:**

380 NE 72ND TERRACE  
C/O SOANE TECHNOLOGIES, LLC  
MIAMI, FL 33138 US

**FEI Number:** 85-0873200

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CEO/PRES  
Name            SOANE, DAVID S  
Address        380 NE 72ND TERRACE  
                  C/O SOANE TECHNOLOGIES, LLC  
City-State-Zip: MIAMI FL 33138

Title            VP  
Name            SOANE, ALEXANDER  
Address        380 NE 72ND TERRACE  
                  C/O SOANE TECHNOLOGIES, LLC  
City-State-Zip: MIAMI FL 33138

Title            GENERAL COUNSEL & VP STRATEGY  
Name            DOLMAN, AMBER  
Address        131 DARTMOUTH STREET  
                  FLOOR 3  
City-State-Zip: BOSTON MA 02116

*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:** AMBER DOLMAN

**GENERAL COUNSEL & VP    04/25/2023**  
**STRATEGY**

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

\_\_\_\_\_  
Date