

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000014435

**Entity Name:** PASTA PHARMA LLC

**Current Principal Place of Business:**

223 PERUVIAN AVE  
PALM BEACH, FL 33480

**Current Mailing Address:**

223 PERUVIAN AVE  
PALM BEACH, FL 33480

**FEI Number:** 92-2220799

**Certificate of Status Desired:** Yes

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

C T 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	AMBR	Title	AMBR
Name	PIZZA, JOSEPH M	Name	MANNINO, RONALD J
Address	50 MIDDLE RD	Address	564 MILLER CT
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	WYCKOFF NJ 07481

*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:** PIZZA JOSEPH M

AMBR

02/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date