

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L22000267804

Entity Name: AMC PHARMA USA, LLC**Current Principal Place of Business:**201 EAST KENNEDY BLVD
STE 1611
TAMPA, FL 33602**Current Mailing Address:**201 EAST KENNEDY BLVD
STE 1611
TAMPA, FL 33602 UN**FEI Number:** 88-2838868**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YESSIN, BRENT W ESQ
ONE TAMPA CITY CENTER
STE 2880
TAMPA, FL 33602 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 YESSIN, BRENT W ESQ
Address ONE TAMPA CITY CENTER, STE 2880
City-State-Zip: TAMPA FL 33609--463

Title VP
Name ERDMAN, DANIEL
Address 201 EAST KENNEDY BLVD, STE 1611
City-State-Zip: TAMPA FL 33602

Title AMBR
Name VERNON, JIM
Address 201 EAST KENNEDY BLVD, STE 1611
City-State-Zip: TAMPA FL 33602

Title MGR
Name SCOTT, BRETT P ESQ.
Address ONE TAMPA CITY CENTER, STE 2880
City-State-Zip: TAMPA FL 33602

Title VP
Name LUCIANO, JEFF
Address 201 EAST KENNEDY BLVD, STE 1611
City-State-Zip: TAMPA FL 33602

Title AMBR
Name ROTHCHILD, BEAU
Address 201 EAST KENNEDY BLVD, STE 1611
City-State-Zip: TAMPA FL 33602

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: BRENT W. YESSIN**MGR****05/14/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date