

**2024 FLORIDA LIMITED LIABILITY COMPANY 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

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date