

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000009078

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC1342583269**

**Entity Name:** MENSCEINCE ANDROCEUTICALS LLC

**Current Principal Place of Business:**

280 WOODCREST RD  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

319 NW 25TH STREET  
MIAMI, FL 33127

**FEI Number:** 01-0723378

**Certificate of Status Desired:** No

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

SANCHEZ, FEDERICO  
280 WOODCREST RD  
KEY BISCAYNE, FL 33149 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 MGRM  
Name L.I.C. CAPITAL LLC  
Address 280 WOODCREST RD.  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name SANCHEZ, CRISTINA  
Address 102 NE 103 ST  
City-State-Zip: MIAMI SHORES FL 33138

Title MGR  
Name SANNIA, CHRISTIAN  
Address 435 RIDGEWOOD RD.  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** CHRISTIAN SANNIA

**MEMBER**

**01/26/2016**

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

\_\_\_\_\_ Date