

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000074116

**Entity Name:** A.Q PHARMA LLC

**Current Principal Place of Business:**

5099 NW 7TH STREET  
APT. 1003  
MIAMI, FL 33126

**Current Mailing Address:**

5099 NW 7TH STREET  
APT. 1003  
MIAMI, FL 33126

**FEI Number:** 45-5410144

**Certificate of Status Desired:** No

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

BJ TAX SERVICES LLC  
5701 SW 107 AVENUE  
SUITE 206  
MIAMI, FL 33173 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 QUE, ANTHONY  
Address 5099 NW 7TH STREET, APT. 1003  
City-State-Zip: MIAMI FL 33126

*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:** ANTHONY QUE

MGR

04/28/2014

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

\_\_\_\_\_  
Date