

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000079969

**Entity Name:** ALL PHARMA, LLC

**Current Principal Place of Business:**

8001 W 26TH AVE  
2  
HIALEAH, FL 33016

**Current Mailing Address:**

8001 W 26TH AVE  
2  
HIALEAH, FL 33016 US

**FEI Number:** 45-5506278

**Certificate of Status Desired:** No

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

GONZALEZ, JORGE  
9033 NW 121 TERRACE  
HIALEAH GARDENS, FL 33018 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 GONZALEZ, JORGE  
Address 9033 NW 121 TERRACE  
City-State-Zip: HIALEAH GARDENS FL 33018

*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:** JORGE GONZALEZ

**PRESIDENT**

**04/21/2016**

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

\_\_\_\_\_  
Date