

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000004355

**Entity Name:** PRO LABS RX LLC

**Current Principal Place of Business:**

9101 NW 7TH AV  
A2  
MIAMI, FL 33150

**Current Mailing Address:**

9101 NW 7TH AV  
A2  
MIAMI, FL 33150 US

**FEI Number:** 46-4499049

**Certificate of Status Desired:** No

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

ABIOLA, ALI  
9101 NW 7TH AV  
A2  
MIAMI, FL 33150 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 ABIOLA, ALI  
Address 9101 NW 7TH AV  
A2  
City-State-Zip: MIAMI FL 33150

*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:** ALI ABIOLA

**OWNER**

**04/30/2016**

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

\_\_\_\_\_ Date