

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000121079

**Entity Name:** SERVICIOS FARMACEUTICOS LLC

**Current Principal Place of Business:**

5313 COLLINS AVENUE  
#308  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5313 COLLINS AVENUE  
#308  
MIAMI BEACH, FL 33140

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WATERFRONT INVESTMENT REAL ESTATE  
50 SW 30 RD  
MIAMI, FL 33129 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 BALLHORST, LUIS  
Address 5313 COLLINS AVENUE, #308  
City-State-Zip: MIAMI BEACH FL 33140

Title MANAGER  
Name SPEZZANO, LUCIANA GISELA  
Address 5313 COLLINS AVENUE  
#308  
City-State-Zip: MIAMI BEACH FL 33140

*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:** LUIS BALLHORST

**MANAGER**

**03/21/2016**

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

\_\_\_\_\_  
Date