

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000228570

**Entity Name:** ALTERNAPHARM LLC

**Current Principal Place of Business:**

525 NW 1ST AVE  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

525 NW 1ST AVE  
201  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 81-4843479

**Certificate of Status Desired:** No

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

LAWRENCE, CHARLES  
410 NW 1ST AVE  
201  
FORT LAUDERDALE, FL 33301 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 LAWRENCE, CHARLES  
Address 410 NW 1ST AVE #201  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** CHARLES LAWRENCE

CEO

08/03/2017

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

\_\_\_\_\_  
Date