

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000094540

**Entity Name:** ALPHA PHARMA INTERNATIONAL LLC

**Current Principal Place of Business:**

7500 NW 25TH ST  
STE 209  
MIAMI, FL 33122

**Current Mailing Address:**

7500 NW 25TH ST  
STE 209  
MIAMI, FL 33122 US

**FEI Number:** 82-1356422

**Certificate of Status Desired:** No

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

QUALITY BUSINESS LLC  
7500 NW 25TH ST  
STE 209  
MIAMI, FL 33122 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 MGRM  
Name AMBROSIO, IRINEU F  
Address 7500 NW 25TH ST  
City-State-Zip: MIAMI FL 33122

Title MGRM  
Name CAMARGO AMBROSIO, FREDERICO E  
Address 7500 NW 25TH ST  
City-State-Zip: MIAMI FL 33122

*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:** FREDERICO E CAMARGO AMBROSIO

**MGRM**

**04/30/2018**

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

\_\_\_\_\_  
Date