

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000215627

**Entity Name:** SOLID SOURCE PHARMACEUTICAL L.L.C

**Current Principal Place of Business:**

3369 WEST 91 TERR  
HIALEAH, FL 33018

**Current Mailing Address:**

3369 WEST 91 TERR  
HIALEAH, FL 33018 US

**FEI Number:** 82-3128787

**Certificate of Status Desired:** Yes

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

ESQUIVEL, BRYAN R  
3369 WEST 91 TERR  
HIALEAH, 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 AMBR  
Name ESQUIVEL, BRYAN R  
Address 3369 WEST 91 TERR  
City-State-Zip: HIALEAH FL 33018

Title AP  
Name ESQUIVEL, BRYAN R  
Address 3369 WEST 91 TERR  
City-State-Zip: HIALEAH FL 33018

Title MGR  
Name ESQUIVEL, BRYAN R  
Address 3369 WEST 91 TERR  
City-State-Zip: HIALEAH 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:** BRYAN ESQUIVEL

**PRESIDENT**

**04/22/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date