

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000048717

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Entity Name:** ALLAY PHARMACEUTICAL, LLC

**Current Principal Place of Business:**

16600 NW 54 AVE UNIT #23  
MIAMI, FL 33014

**New Principal Place of Business:**

16600 NW 54 AVE UNIT  
23  
MIAMI, FL 33014

**Current Mailing Address:**

16600 NW 54 AVE UNIT #23  
MIAMI, FL 33014

**New Mailing Address:**

16600 NW 54 AVE UNIT  
23  
MIAMI, FL 33014

**FEI Number:** 20-4879555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHOUDHURY, MAROOF H  
16600 NW 54 AVE UNIT #23  
MIAMI, FL 33014 US

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

CHOUDHURY, MAROOF H  
16600 NW 54 AVE UNIT  
23  
MIAMI, FL 33014 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:

03/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHOUDHURY, MAROOF H  
Address: 16600 NW 54 AVE UNIT #23  
City-St-Zip: MIAMI, FL 33014

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MAROOF CHOUDHURY

MGRM

03/16/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date