

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122477

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** MZ PHARMA LLC

**Current Principal Place of Business:**

1001 BRICKELL BAY DRIVE, SUITE 2310  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1001 BRICKELL BAY DRIVE, SUITE 2310  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JOSE ANTONIO OLIVARES  
Address: 520 BRICKELL KEY DRIVE, SUITE O-305  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: POLGA, STEFANO  
Address: 520 BRICKELL KEY DRIVE, SUITE O-305  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: RIBAS, SALVADOR P  
Address: 520 BRICKELL KEY DRIVE, SUITE O-305  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: GALDAMEZ, ANA CRISTINA A  
Address: 520 BRICKELL KEY DRIVE, SUITE O-305  
City-St-Zip: MIAMI, FL 33131

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: JOSE ANTONIO OLIVARES ALMARZA

MGR

04/02/2012

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