

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000162226

Entity Name: QUALITY THERAPEUTICS, L.L.C.

Current Principal Place of Business:

5265 NE 1ST TERRACE
OAKLAND PARK, FL 33334

Current Mailing Address:

5265 NE 1ST TERRACE
OAKLAND PARK, FL 33334 US

FEI Number: 82-5333342

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEIER, BONNIE E DR
5265 NE 1ST TERRACE
OAKLAND PARK, FL 33334 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 HEIER, BONNIE E DR
Address 5265 NE 1ST TERRACE
City-State-Zip: OAKLAND PARK FL 33334

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: BONNIE HEIER

OWNER

03/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date