

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009452

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: AWARE DRUG TESTING, LLC

**Current Principal Place of Business:**

338 SE ORIOLE AVE  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1108  
STUART, FL 34995

**New Mailing Address:**

FEI Number: 58-2670901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALBERT, ROCHELLE  
338 SE ORIOLE AVE  
STUART, FL 34996 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: MGRM ( ) Delete  
Name: ALBERT, ROCHELLE  
Address: 338 SE ORIOLE AVE  
City-St-Zip: STUART, FL 34996

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: MILLER, CHRISTOPHER  
Address: 338 SE ORIOLE AVE.  
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROCHELLE ALBERT

MGRM

04/29/2009

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