

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079902

Entity Name: FLORIDA DNA TESTING, LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

2910 KERRY FOREST PARKWAY, D-4213  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

4400 TREE HARBOUR WAY  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

2910 KERRY FOREST PARKWAY, D-4213  
TALLAHASSEE, FL 32309

**New Mailing Address:**

4400 TREE HARBOUR WAY  
TALLAHASSEE, FL 32309

FEI Number: 56-2606671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FOSTER, RUTH  
4400 TREE HARBOUR WAY  
TALLAHASSEE, FL 32309 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: CEO ( ) Delete  
Name: FOSTER, RUTH  
Address: 4400 TREE HARBOUR WAY  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: FOSTER, RUTH  
Address: 4400 TREE HARBOUR WAY  
City-St-Zip: TALLAHASSEE, FL 32309

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: RUTH FOSTER

CEO

04/29/2009

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