


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90172 048 \*\*\*138.75

**DOCUMENT # L07000065262**

1. Entity Name  
**PROLAB LLC**



Principal Place of Business  
**5405 N.W. 102ND AVENUE, SUITE 230  
 SUNRISE, FL 33351**

Mailing Address  
**5405 N.W. 102ND AVENUE, SUITE 230  
 SUNRISE, FL 33351**

**60025253**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04132008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number  
**26-0436406**

Applied For  
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROMERO, JAVIER**  
**5405 N.W. 102ND AVENUE, SUITE 230**  
**SUNRISE, FL 33351**

7. Name and Address of New Registered Agent

Name  
**DUBUC, MAYEELINE**

Street Address (P.O. Box Number is Not Acceptable)  
**5405 NW 102ND AVE**

**SUITE 230**

City  
**SUNRISE** FL Zip Code  
**33351**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mayerline Dubuc DATE 4/14/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROMERO, JAVIER <input checked="" type="checkbox"/> Delete 5405 N.W. 102ND AVENUE, SUITE 230 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUBUC, MAYEELINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5405 NW 102ND AVE SUITE 230 SUNRISE FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Mayerline Dubuc DATE 4/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #