

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101770

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: OXITEST INTERNATIONAL, LLC

**Current Principal Place of Business:**

8080 WEST FLAGLER STREET  
SUITE 3E  
MIAMI, FL 33144 US

**New Principal Place of Business:**

836 PONCE DE LEON BLVD.  
SUITE 202  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

8080 WEST FLAGLER STREET  
SUITE 3E  
MIAMI, FL 33144 US

**New Mailing Address:**

836 PONCE DE LEON BLVD.  
SUITE 202  
CORAL GABLES, FL 33134 US

FEI Number: 26-1299284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMIREZ, MARCO A  
7744 NW 112TH PLACE  
DORAL, FL 33178 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: RAMIREZ, MARCO A  
Address: 7744 NW 112TH PLACE  
City-St-Zip: DORAL, FL 33178 US

Title: MGRM ( ) Delete  
Name: HGK INTERNATIONAL, INC.  
Address: 4344 N 62ND STREET  
City-St-Zip: LINCOLN, NE 68507 US

**ADDITIONS/CHANGES:**

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

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

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: CHRIS HOFFMANN

MGR

04/14/2009

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