

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070392

**FILED**  
**Mar 29, 2009**  
**Secretary of State**

**Entity Name:** BIONIKO CONSULTING LLC

**Current Principal Place of Business:**

19390 COLLINS AVE  
APT 1025A  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

19390 COLLINS AVE  
SUITE 1025A  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

19390 COLLINS AVE  
APT 1025A  
SUNNY ISLES, FL 33160

**New Mailing Address:**

19390 COLLINS AVE  
SUITE1025A  
SUNNY ISLES, FL 33160

**FEI Number:** 26-3038437

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

RAMIREZ, MARIA C  
19390 COLLINS AVE  
APT 1025 A  
SUNNY ISLES, FL 33160 US

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

RAMIREZ, MARIA C  
19390 COLLINS AVE  
SUITE1025 A  
SUNNY ISLES, FL 33160 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: MARIA C RAMIREZ

03/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAMIREZ, MARIA C  
Address: 19390 COLLINS  
City-St-Zip: SUNNY ISLES, FL 33160

**ADDITIONS/CHANGES:**

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: MARIA C RAMIRZ

MGR

03/29/2009

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