

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002227

FILED
Mar 20, 2009
Secretary of State

Entity Name: BIOMERS PRODUCTS, LLC

Current Principal Place of Business:

3425 RADIO ROAD
SUITE 204
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

3425 RADIO ROAD
SUITE 204
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-8106907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALL, RANDALL J
2314 SILVER PALM PLACE
NAPLES, FL 34105 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: MGR () Delete
Name: ALIPHITIRAS, GEORGE J
Address: 2771 WEST 19TH AVENUE
City-St-Zip: VANCOUVER BC V6L 1E2 CANADA, OC

Title: MGR () Delete
Name: FATHIANATHAN, MERVYN
Address: 1515 BENTON BOULEVARD, APT 2332
City-St-Zip: POOLER, GA 31322

Title: MGR () Delete
Name: WALL, RANDALL J
Address: 2314 SILVER PALM PLACE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

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

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: RANDALL J WALL

MGR

03/20/2009

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