

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050562

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: SERAPH LABS, LLC.

**Current Principal Place of Business:**

913 VALLEY STREAM DRIVE  
WHEELING, IL 60090

**New Principal Place of Business:**

**Current Mailing Address:**

2635 SW 35TH PLACE APT 1907  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 38-3773911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MARCET, ZSOLT  
2635 SE 35TH PLACE APT 1907  
GAINESVILLE, FL 32608 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: MARCET, ZSOLT  
Address: 2635 SW 35TH PLACE APT 1907  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM ( ) Delete  
Name: MACHIN, PEDRO  
Address: 913 VALLEY STREAM DRIVE  
City-St-Zip: WHEELING, IL 60090

Title: MGRM ( ) Delete  
Name: AVILA, CARLOS  
Address: 8868 NW 108TH LANE  
City-St-Zip: HIALEAH GARDENS, FL 33018

**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: ZSOLT MARCET

MGRM

04/10/2009

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