

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000132475

**Entity Name:** FURMAN BIOTECH CONSULTING, LLC

**Current Principal Place of Business:**

194 PARKSIDE DR.  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

194 PARKSIDE DR.  
ST. AUGUSTINE, FL 32095

**FEI Number:** 46-1206621

**Certificate of Status Desired:** No

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

FURMAN, PHILLIP A  
195 PARKSIDE DR.  
ST. AUGUSTINE, FL 32095 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FURMAN, PHILLIP A  
Address 194 PARKSIDE DR.  
City-State-Zip: ST. AUGUSTINE FL 32095

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILLIP A. FURMAN

**PRESIDENT**

**02/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date