

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000007711

**Entity Name:** ARS ALEUT ANALYTICAL, LLC

**Current Principal Place of Business:**

2609 N RIVER RD  
PORT ALLEN, LA 70767

**Current Mailing Address:**

2609 N RIVER RD  
PORT ALLEN, LA 70767 US

**FEI Number:** 46-3541428

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            MBR  
Name            ARS INTERNATIONAL, LLC  
Address        2609 N RIVER RD  
City-State-Zip: PORT ALLEN LA 70767

Title            AUTHORIZED REPRESENTATIVE  
Name            WALE, FRANKIE H  
Address        2609 N RIVER RD  
City-State-Zip: PORT ALLEN LA 70767

*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:** FRANKIE H. WALE

**SENIOR ACCOUNTANT**

**03/16/2018**

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

\_\_\_\_\_  
Date