2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000002836

1. Entity Name

ESSEX LABORATORIES INTERNATIONAL LLC



FILED
Jan 22, 2003 8:00 am
Secretary of State
01-22-2003 90088 023 ****50.00

Principal Plac	e of Business	Mailing Address	ailing Address							
340 Sunset di Fort Laudere	RIVE. SUITE 1405 NALE FL 33301	340 SUNSET DRIVE. SUITE 1405 FORT LAUDERDALE FL 33301								
						DI ARIO ARIO ARIO ARIO ARIO			INA CIRCUL	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Numbe	er 65-0993216		-	Applied For	
Zip	*Country*	Zip ,	Cour	ntry	5. Certificate	of Status Desired "[dditional ··	-
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Regis	tered Ag	ent		
CAN	DATELL IOUNIA			Name						
340	TWELL, JOHN W SUNSET DRIVE, SUITE 1405 T LAUDERDALE FL 33301		Street Address		(P.O. Box Numbe	r is Not Acceptable)			· · · · · · · · · · · · · · · · · · ·	
•			.,	City			FL	Zip Co	de	
	named entity submits this statement for	the purpose of changing its	register	ed office or registe	ered agent, or both	h, in the State of Florida	. I am fan	niliar with	n, and accept	7
the obligat	ions of registered agent.									1
SIGNATURE .										
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTI	E: Registere	d Agent signature require	ed when reinstating)		DATE			4
		FILE NO	!!! WC	FEE IS \$50.00	1					
		Make Check Payabl			ent of State					1
		Đu	e By M	ay 1, 2003	•					
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/CHA	ANGES			Ι,
TITLE	MGRM	☐ Delete	TITL	E] Change	Addition	3
NAME	CANTWELL, JOHN W	=	NAM	IE .						{
STREET ADDRESS	340 SUNSET DRIVE, STE 1405			EET ADDRESS						18
CITY-ST-ZIP	FT LAUDERDALE FL 33301		CITY	-ST-ZIP						j
TITLE	MGRM	☐ Delete	TITLI	E] Change	☐ Addition	6
NAME	CANTWELL, EVELYNA		NAM							1
STREET ADDRESS	340 SUNSET DRIVE, STE 1405			ET ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL-33301		-	-ST-ZIP		50 = 1	;			- '
TITLE	MGRD KITCHLOO, SUSHMA	☐ Delete	TITU				L] Change	☐ Addition	-
NAME STREET ADDRESS	12 ARROWHEAD CIRCLE		NAM	ET ADDRESS						
CITY-ST-ZIP	NORTH ATTLEBORO MA 02760			-ST-ZIP						
TITLE	MGRD .	☐ Delete	TITLE				Г] Change	☐ Addition	┨
NAMÉ	KITCHLOO, PARESH DR	L. Delete	NAM	l l				_i Cilaliye	☐ Addition	
STREET ADDRESS	12 ARROWHEAD CIRCLE			ET ADDRESS						
CITY-ST-ZIP	NORTH ATTLEBORO MA 02760		CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE	Ε				Change	☐ Addition	7
NAME			NAM	E				•		1
STREET ADDRESS			STRE	ET ADDRESS		,				
CITY-ST-ZIP			CITY	-ST-ZIP	<u> </u>					
TITLE	<u> </u>	☐ Delete	TITLE					Change	Addition]
NAME	-		NAM							
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						1

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.