## 2001 UNIFORM RUSINESS REPORT (UBR)

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DOCUMENT # L0000014378  1. Entity Name TECHENOMICS, LLC						FIL	ED.	
						01 MAY -8	AM 9: 34	
Principal Place of Business  20-DELBURG ST., STE. 208  DAVIDSON NC 28036  Mailing Address  20-DELBURG ST., STE. 206  DAVIDSON NC 28036  DAVIDSON NC 28036						SECRETARY TALLAHASSE	OF STATE E. FLORIDA	
6 209 Delburg Stieet Suite 206								
2. Principal Place of B	dusiness	3. Mailing Address				100(16)( OI) OOISI OSIIL OOIII OBSII	<b>13</b> (() 00(0) ((0)) ((1)) ((1)) ((1))	) 1008) IBII (BOI
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE	E IN THIS SPACE	
City & State		City & State		4. FEIN	lumber -2226148	1 · I	Applied For Not Applicable	
Zip Country		Zip	Country		T	ficate of Status Desired	S5.00 Ac	
6. N	ame and Address of Current I	Registered Agent			7. Name	and Address of New Re	1	90
				Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (	Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324								
				City	FL Zip Code			de
8. 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  Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$50.00								
		Make Check Pa		· ·	f State			
						A D D IT I CALC !	311441050	
9. MANAGING MEMBERS/MEMBERS 10  TITLE MANAGING MEMBERS/MEMBERS 11						ADDITIONS/	Changes Change	Addition
NAME MC	KEE WEORLE	-C Delete	NAME				,	
STREET ADDRESS POBOX 159 CITY-ST-ZIP CORNELIUS NC		000	STREET CITY-S	T ADDRESS				
TITLE MA	RNELIUS, NC NALING MEM KEE GEORGE D BOX 159	1803/ 352 □ Delete	TITLE	31-211			☐ Change	Addition
NAME MC	KEE GEORGE	c, Jr	NAME					
STREET ADDRESS P. C	ANGLES ANGLES	2021	STREET CITY-S	T ADDRESS ST-7IP				
TITLE MA	VALING MEN	スタレン/ NBEへ 「Delete	TITLE	01-211		400004	35 ff charge	Addition
NAME NO	ME MUREE, CHRISTOPHER B NA					400004 -06/08	:4010T043-	≁50 00 0∏3
STREET ADDRESS P.O.	EET ADDRESS P.O BOX 139 -ST-ZIP CORNELIUS NC 2803, CIT			T ADDRESS ST-ZIP		<b>汽车电车</b>	50.00 ***	#5U.UU
TITLE	e1010103 70C	Delete	TITLE				☐ Change	e 🗀 Addition
NAME		_ 33,515	NAME	ļ			_ •	_
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADORESS ST-ZIP		-		
TITLE		☐ Detete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS CTTY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME CYPETA ADDRESS			NAME	1				
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				
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 of the receiver or trustee empowered of execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: N-30-01								
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #								