

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90179 007 ****50.00

DOCUMENT # L00000015117

1. Entity Name
CAG LABORATORIES, L.L.C.



Principal Place of Business
**4645 NW 8TH AVENUE
GAINESVILLE, FL 32605**

Mailing Address
**4645 NW 8TH AVENUE
GAINESVILLE, FL 32605**

DO NOT WRITE IN THIS SPACE



01142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3698955

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALKER, GARY
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SILVERSTEIN, BURTON V
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
DILLON, MICHAEL C
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
ROARK, STEVEN F
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
O'MEARA, JAMES J
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
GAOS, BERNARD J
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SMOCK, ANDREW L
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Burton V. Silverstein - President 2/14/07