


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90024 036 ***138.75

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| DOCUMENT # L00000015117 |  |
| 1. Entity Name CAG LABORATORIES, L.L.C. | |

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| Principal Place of Business 4645 NW 8TH AVENUE GAINESVILLE, FL 32605 | Mailing Address 4645 NW 8TH AVENUE GAINESVILLE, FL 32605 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
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02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3698955

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

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| 6. Name and Address of Current Registered Agent WALKER, GARY 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SILVERSTEIN, BURTON V 4645 NW 8TH AVENUE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WERBEL, BRIAN 4645 NW 8th AVENUE GAINESVILLE, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DILLON, MICHAEL C 4645 NW 8TH AVENUE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ROARK, STEVEN F 4645 NW 8TH AVENUE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V O'MEARA, JAMES J 4645 NW 8TH AVENUE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GROSS, BERNARD J 4645 NW 8TH AVENUE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | GROS, BERNARD L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SMOCK, ANDREW L 4645 NW 8TH AVENUE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Burton V. Silverstein, MD 2/13/08 352 375/12/2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #