2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# L00000015117

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

Current Principal Place of Business:

4645 NW 8TH AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

4645 NW 8TH AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3698955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SILVERSTEIN, BURTON V	
Address:	4645 NW 8TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	MGRM	( ) Delete
Name:	DILLON, MICHAEL C	
Address:	4645 NW 8TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	P	( ) Delete
Name:	ROARK, STEVEN F	
Address:	4645 NW 8TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	V	( ) Delete
Name:	O'MEARA, JAMES J	
Address:	4645 NW 8TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	MGRM	( ) Delete
Name:	GROS, BERNARD L	
Address:	4645 NW 8TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	MGRM	( ) Delete
Name:	SMOCK, ANDREW L	
Address:	4645 NW 8TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32605	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BURTON V. SILVERSTEIN MGRM 01/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date