

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015190

Entity Name: CITRUSLAB, L.C.

FILED  
Mar 25, 2009  
Secretary of State

**Current Principal Place of Business:**

101 OCEAN LANE DR.  
APT. 205  
KEY BISCAYNE, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

101 OCEAN LANE DR.  
APT. 205  
KEY BISCAYNE, FL 33139

**New Mailing Address:**

FEI Number: 65-1085707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMOS GALDO, ALEJANDRO J  
101 OCEAN LANE, DR  
205  
KEY BISCAYNE, FL 33149 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: RAMOS GALDO, ALEJANDRO J  
Address: 101 OCEAN LANE DR. APT 205  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete  
Name: GALDO DE RAMOS, MARIANA  
Address: 8911 SW 5TH STREET  
City-St-Zip: MAIMI, FL 33174

**ADDITIONS/CHANGES:**

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: ALEJANDRO J RAMOS GALDO

MGRM

03/25/2009

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