

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015190

Entity Name: CITRUSLAB, L.C.

FILED  
Feb 18, 2010  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

101 OCEAN LANE DR.  
APT. 205  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

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

**New Mailing Address:**

101 OCEAN LANE DR.  
APT. 205  
KEY BISCAYNE, FL 33149

FEI Number: 65-1085707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

I hereby 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

02/18/2010

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