

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000808

FILED
Apr 30, 2009
Secretary of State

Entity Name: ALTERNATIVE REAGENT SOURCE, LLC

Current Principal Place of Business:

15911 SEDGEWYCK CIRCLE NORTH
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

15911 SEDGEWYCK CIRCLE NORTH
DAVIE, FL 33331

New Mailing Address:

FEI Number: 65-1067803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENBERG TRAUIG
ATTN: STEPHEN MENDELSON
5100 TOWN CENTER CIR., SUITE 400
BOCA RATON, FL 33486 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: MORTON, KEVIN
Address: P.O. BOX 504
City-St-Zip: BRANFORD, FL 32008

Title: MGRM () Delete
Name: SUGGS, ROBBIE
Address: P.O. BOX 504
City-St-Zip: BRANFORD, FL 32008

Title: MGRM () Delete
Name: LAVAN, ELLEN
Address: 15911 NORTH SEDGEWYCK CIR.
City-St-Zip: DAVIE, FL 33331

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:

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: ELLEN LAVAN

MGRM

04/30/2009

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