2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100000808

1. Entity Name

SIGNATURE:

ALTERNATIVE REAGENT SOURCE, LLC



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90009 009 ****55.00

			- <u> </u>		Į				
Principal Place of Business		Mailing Address			}				
2326 WEST 78TH STREET HIALEAH FL 33016		2326 WEST 78TH STREET HIALEAH FL 33016							
						JA a hi aane i ahan eana a	 	I Bana n (11 01) F	318 1 1011 1001
2. Principal	Place of Business	3. Mailing Address 15911 Sedalwyck-GredeN							
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & Sta	nte	City & State		4 85.11					
		Davie R			4. FEt Num	ber 65-1067 8	303	 	pplied For lot Applicable
Zip	Country	Zip 3333 \	Country		5. Certificat	e of Status Desire		5.00 Ac	ditional
	6. Name and Address of Current	Registered Agent	1 00 1.1		7. Name an	d Address of Nev		ee Requir	eu
D. C.			Name	1-50		Trausi			
	HERFORD, MULHALL & WARGO, F	'.A.	Street	Address (F	en berg	per is Not Accepts	<u> </u>		
	0 n. military trail Floor	Cotton:			Stephen Mendelsohn				
	CA RATON FL 33431	•		5100	Town 1	enter C	rele Su	ile 4	00
			City	20000	000	Long	<u> </u>	Zip,Cer	1910/0
8. The above	e named entity submits this statement for	the purpose of changing its	registered office	oven	, pu	UP 1	<u> </u>	133	486
the obliga	tions of registered agent.	the purpose of changing its	registered office (or regretere	agent, or bo	oth, in the State of	Florida. I am fa	miliar with,	and accept
SIGNATURE	Stocken Me	rdelsohn	926	\times	///////////////////////////////////////	Ola 1	2/1	413	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signs	ture required	when reinstating)	SUL	DATE	112	
		FILE N	OW!!! FEE IS	\$50.00		· ••			
		Make Check Payab			nt of State				
		•	e By May 1, 200	-					
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITION	IS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		.,			Change	☐ Addition
NAME	MORTON, KEVIN		NAME						_
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 504		STREET ADDRESS						
	BRANFORD FL 32008		CITY-ST-ZIP	ļ		·			
TITLE NAME	MGRM	☐ Delete	TITLE		ŕ		[Change	Addition
STREET ADDRESS	SUGGS, ROBBIE P.O. BOX 504		NAME STREET ADDRESS						
CITY-ST-ZIP	BRANFORD FL 32008		CITY-ST-ZIP			•			
TITLE -	MGRM	Delete	TITLE	m60	7 M	-	7 1 Magazia - T	7 Change	☐ Addition
NAME	LAVAN, ELLEN		NAME	mai	on File	A lapid	uckonce	Change	☐ Addition
STREET ADDRESS	15911 NORTH SEDGEWICK CIRC	LE	STREET ADDRESS	Lave	un Joseph	h seage	22221	•	
CITY-ST-ZIP	DAVIE FL 33331 /		CITY-ST-ZIP	154	11 NODO	sedgew wie Fi Luis Sedgewy	22271		
TITLE	MGRM	☐ Delete	TITLE	MAR	211		, A. C. [Change	☐ Addition <
NAME	RODRIGUEZ, LUIS		NAME	1 nds	autz	Luis	ickline	\mathcal{L}_{i}	
STREET ADDRESS CITY-ST-ZIP	15911 NORTH SEDGEWICK CIRC	LE	STREET ADDRESS	16.01	Nacth	adde in	Lise A	~333°	الأ
	DAVIE FL 33331 /		CITY-ST-ZIP	المحاا	1 /001 171		WVI~ I'-		
TITLE NAME		Delete						Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		<i>0000</i>	NAME	1			L	_ Change	T YOURDII
STREET ADDRESS	• • •		STREET ADDRESS						
CITY-ST-ZIP	•	-	CITY-ST-ZIP						1
 11. I hereby of indicated 	ertify that the information supplied with to on this report is true and accurate and the	nis filing does not qualify for	the exemption star	ted in Sect	tion 119.07(3)(i), Florida Statutes	. I further certify	that the in	formation
limited liab	pility company or the receiver or trustee	empowered to execute this r	eport as required t	by Chapter	r 608, Florida S	, maci am a mana Statutes.	ayıng member o	ır managei	r of the