

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001769

**FILED**  
**May 02, 2005**  
**Secretary of State**

**Entity Name:** RENSTAR ADVANCED SCIENCES, LLC

**Current Principal Place of Business:**

2405 SE 17TH STEET  
STE 301  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

104 SE FIRST AVE.  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 59-3695412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FISCHER, TIMOTHY A  
121 NW THIRD STREET  
OCALA, FL 34475      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/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: CLEVINGER, SIDNEY  
Address: 104 SE 1ST AVE STE B  
City-St-Zip: Ocala, FL 34471

Title: MGRM      ( ) Delete  
Name: SORRENTINO, JOSEPH  
Address: 104 SE 1ST AVE STE B  
City-St-Zip: Ocala, FL 34471

**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 for the exemption stated in Section 119.07(3)(i), 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: JOSEPH SORRENTINO

MGRM

05/02/2005

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