

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90095 017 ****55.00

DOCUMENT # L01000003109

1. Entity Name
GENOMECHANIX, L.L.C.

Principal Place of Business

Mailing Address

**C/O THE SID MARTIN BIOTECH. DEV. INSTITUTE
 12085 RESEARCH DR
 ALACHUA FL 32615**

**C/O THE SID MARTIN BIOTECH. DEV. INSTITUTE
 12085 RESEARCH DR
 ALACHUA FL 32615**

2. Principal Place of Business

3. Mailing Address

12085 Research Drive

12085 Research Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

Alachua, FL

Zip

32615

Country

U.S.

Zip

32615

Country

US

4. FEI Number

59-3702687

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEN, ARUP
 12085 RESEARCH DR
 ALACHUA FL 32615**

Name

SEN, ARUP

Street Address (P.O. Box Number is Not Acceptable)

12085 Research Drive

City

Alachua

FL

Zip Code

32615

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(ARUP SEN)

08-28-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President** ☐ Delete
 NAME **ARUP SEN**
 STREET ADDRESS **12085 Research Dr.**
 CITY-ST-ZIP **Alachua, FL 32615**

TITLE **Director of Operations;** ☐ Delete
 NAME **Joylynn Glasser**
 STREET ADDRESS **12085 Research Dr.**
 CITY-ST-ZIP **Alachua, FL 32615**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

[Signature]

08-28-02

386-462-0669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)