

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003109

Entity Name: GENOMECHANIX, L.L.C.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

3499 NW 97TH BLVD
SUITE 15
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

3499 NW 97TH BLVD
SUITE 15
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-3702687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEN, ARUP
3499 NW 97TH BLVD
SUITE 15
GAINESVILLE, FL 32606 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: MGR () Delete
Name: SEN, ARUP
Address: 3499 NW 97TH BLVD.; SUITE 15
City-St-Zip: GAINESVILLE, FL 32606

Title: MGR () Delete
Name: CLARK, JOYLYNN
Address: 3499 NW 97TH BLVD.; SUITE 15
City-St-Zip: GAINESVILLE, FL 32606

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 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: ARUP SEN

MGR

03/19/2009

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