

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004149

**FILED**  
**Mar 03, 2006**  
**Secretary of State**

**Entity Name:** IMMUNE AWARENESS ASSOCIATES, LLC

**Current Principal Place of Business:**

600 E. 25 STREET, SUITE F  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

600 E. 25 STREET, SUITE F  
HIALEAH, FL 33013

**New Mailing Address:**

**FEI Number:** 65-1083882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES, MARIA C  
600 E. 25 STREET, SUITE F  
HIALEAH, FL 33013 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:** PVTs ( ) Delete  
**Name:** TORRES, MARIA C  
**Address:** 600 E. 25 STREET, SUITE F  
**City-St-Zip:** HIALEAH, FL 33013

**ADDITIONS/CHANGES:**

**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 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:** MARIA TORRES

PVTs

03/03/2006

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