

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90074 014 \*\*\*\*50.00

**DOCUMENT # L03000003575**

1. Entity Name

FLORIDA BIOLOGICAL SERVICES, L.L.C.



Principal Place of Business

4223 MUSTANG ROAD  
LAKELAND FL 33801

Mailing Address

VARUGHESE GEORGE DR.  
5984 HILLSIDE HEIGHTS.  
LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1043775

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

VARUGHESE, GEORGE DR.  
5006 IRONWOOD TRAIL  
BARTOW FL 33830

Name

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

City

**FL**

Zip Code

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, 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 Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME VALUSEHE, GEORGE DR.  
STREET ADDRESS 5984 HILLSIDE HEIGHTS  
CITY-ST-ZIP LAKELAND FL 33813

TITLE MGR ☐ Change ☒ Addition  
NAME V.K. DANIEL  
STREET ADDRESS 5006 IRONWOOD TRAIL  
CITY-ST-ZIP BARTOW FL 33830

TITLE MGRM ☒ Delete  
NAME GEORGE, BEN JOHN  
STREET ADDRESS 5984 HILLSIDE HEIGHTS  
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☒ Delete  
NAME DANIEL, SURESH  
STREET ADDRESS 5006 IZONWOOD TRL  
CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1-24-2005

Date

863-646-7286

Daytime Phone #