

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90083 027 ****55.00

DOCUMENT # L03000006559

1. Entity Name
BIOTECH GERMICIDAL SYSTEMS OF BOCA RATON, LLC



Principal Place of Business
**1515 NO. FEDERAL HWY., SUITE 300
BOCA RATON, FL 33432**

Mailing Address
**1515 NO. FEDERAL HWY., SUITE 300
BOCA RATON, FL 33432**

24061374



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142004 Chg-LLC CR2E083 (10/03)

4. FEI Number

82-0587115

Applied For

☒ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BASSO, SHIRLEY
1515 NO. FEDERAL HWY., SUITE 300
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name

Eugene Ettlenger

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

1515 No FEDERAL HWY, SUITE 300

BOCA RATON,

City

FL

Zip Code

33432

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 **EUGENE ETTLENGER**

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

(NOTE: Registered Agent signature required when reinstating)

4-28-04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER AND Reg. Agent** ☒ Delete
NAME **SHIRLEY BASSO**
STREET ADDRESS **1515 NO. FEDERAL HWY, SUITE 300**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGER AND Reg. Agent** ☒ Change ☐ Addition
NAME **EUGENE ETTLENGER**
STREET ADDRESS **1515 NO. FEDERAL HWY, SUITE 300**
CITY-ST-ZIP **BOCA RATON, FL 33432**

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

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

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

4-28-04 561-392-4550

Date

Daytime Phone #