

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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**



04062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**ETTLINGER, EUGENE
1515 NO. FEDERAL HWY STE 300
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000299355
04/11/05-80103-018 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ETTLINGER, EUGENE
STREET ADDRESS	1515 NO. FEDERAL HWY STE 300X
CITY- ST- ZIP	BOCA RATON, FL 33432

TITLE	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

4/6/05

Date

631-236-2480

Daytime Phone #