

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90100 043 \*\*\*\*55.00

**DOCUMENT # L03000018350**

1. Entity Name  
**PASTEURIA BIOSCIENCE, LLC**



Principal Place of Business  
**100 N. TAMPA STREET, SUITE 2410  
TAMPA, FL 33602**

Mailing Address  
**100 N. TAMPA STREET, SUITE 2410  
TAMPA, FL 33602**

**24000108**



2. Principal Place of Business  
**12085 Research Drive**

3. Mailing Address  
**12085 Research Drive**

Suite, Apt. #, etc.  
**Suite 185**

Suite, Apt. #, etc.  
**Suite 185**

01062004 Chg-LLC CR2E083 (10/03)

City & State  
**Alachua FL**

City & State  
**Alachua FL**

4. FEI Number  
**55-0832291**

Applied For  
Not Applicable

Zip  
**32615**

Country  
**USA**

Zip  
**32615**

Country  
**USA**

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

**GARRETT, TATE  
100 N. TAMPA STREET, SUITE 2410  
TAMPA, FL 33602**

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 **Tate A. Garrett**

**Tate A. Garrett**

**Jan 6, 2004**

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**msm  
Tate A. Garrett  
100 N. Tampa Street Suite 2410  
Tampa FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**msm  
Kelly Smith  
12085 Research Drive Suite 185  
Alachua FL 32615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**msm  
Richard Molloy  
1167 Third Street South  
Naples FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: **Tate A. Garrett**

**Tate A. Garrett**

**Jan 6, 2004**

**813-221-8700**

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

Date

Daytime Phone #