

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000024269

1. Entity Name
BOCA BIOLOGICAL "LLC"



FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90021 020 ****50.00

Principal Place of Business Mailing Address
~~23354 TRANQUIL LANE~~ 22039 Altona Drive ~~23354 TRANQUIL LANE~~ 22039 Altona Drive
BOCA RATON, FL 33428 BOCA RATON, FL 33428

2. Principal Place of Business 3. Mailing Address
22039 ALTONA DRIVE 22039 ALTONA DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BOCA RATON, FL BOCA RATON, FL
Zip Country Zip Country
33428 USA 33428 USA



01092004 Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3693918 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, MICHAEL J
22039 ALTONA DRIVE
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE * MGR MORRIS, DANIELLE ☐ Delete R
NAME MORRIS, DANIELLE 22039 ALTONA DRIVE
STREET ADDRESS ~~23354 TRANQUIL LANE~~ BOCA RATON, FL 33428
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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

Date

Daytime Phone #