2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L03000024332

Entity Name: LAB GROUP, L.L.C.

Current Principal Place of Business:

5582 NE 4TH CT
SUITE 5
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

1395 CORAL WAY
STE 2A
MIAMI, FL 33145

New Mailing Address:

5582 NE 4TH CT
SUITE 5
MIAMI, FL 33137

FEI Number: 56-2385279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEGA, JOSE CAMILO
5582 NE 4TH CT
SUITE 5
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	LEGA, JOSE CAMILO	
Address:	5582 NE 4TH CT., SUITE 5	
City-St-Zip:	MIAMI, FL 33137	
Title:	MGR	( ) Delete
Name:	ALVARADO, ENRIQUE	
Address:	5582 NE 4TH CT., SUITE 5	
City-St-Zip:	MIAMI, FL 33137	
Title:	MGR	( ) Delete
Name:	ALVARADO, CAMILO	
Address:	5582 NE 4TH CT., SUITE 5	
City-St-Zip:	MIAMI, FL 33137	
Title:	MGR	( ) Delete
Name:	KONIETZKO, ALEX	
Address:	5582 NE 4TH CT., SUITE 5	
City-St-Zip:	MIAMI, FL 33137	
Title:	MGR	( ) Delete
Name:	ALVARADO, ALEJANDRO	
Address:	5582 NE 4T CT., SUITE 5	
City-St-Zip:	MIAMI, FL 33137	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JC MGR 05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date