


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

| | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000025315 1. Entity Name BMI LAB SOLUTIONS, LLC |  |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|------------------------------------------------------------------|------------------------------------------------------|
| Principal Place of Business 691 ASTER WAY WESTON, FL 33327 | Mailing Address 691 ASTER WAY WESTON, FL 33327 |
|------------------------------------------------------------------|------------------------------------------------------|



04152005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 57-1178232 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW
536 BILTMORE WAY
CUEVAS & ORTIZ, P.A.
CORAL GABLES, FL 33134

**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**

9. MANAGING MEMBERS/MANAGERS

| | |
|------------------------------------------------|------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MAYER, FREDDY 691 ASTER WAY WESTON, FL 33327 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BERR, ROSITA 691 ASTER WAY WESTON, FL 33327 |
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04/25/05-80031-025 50.00

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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)(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

Date

Daytime Phone #

APR 15 2005 754-3856833