

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018194

Entity Name: CLARO SCIENTIFIC, LLC

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

651 HEMENWAY ST
MARLBOROUGH, MA 01752 US

New Principal Place of Business:

10100 DR. MARTIN LUTHER KING JR. ST. N.
ST. PETERSBURG, FL 33716 US

Current Mailing Address:

651 HEMENWAY ST
MARLBOROUGH, MA 01752 US

New Mailing Address:

10100 DR. MARTIN LUTHER KING JR. ST. N.
ST. PETERSBURG, FL 33716 US

FEI Number: 20-1717748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 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: MGRM () Delete
Name: MALCOLMSON, ANDREW P
Address: 651 HEMENWAY ST
City-St-Zip: MARLBOROUGH, MA 01752 US

Title: MGRM () Delete
Name: CRAWLEY, GEORGE M
Address: 7 WINGFIELD AVE
City-St-Zip: WORCESTER, WO WR4 0LE UK

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LUIS, GARCIA-RUBIO H
Address: 302 RIVERHILLS DR
City-St-Zip: TEMPLE TERRACE, FL 33617 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW MALCOLMSON

MGRM

01/15/2007

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