2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000054108

Entity Name: LAB, LLC

City-St-Zip:

JACKSONVILLE, FL 32246

FILED Oct 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2050 FORBES STREET JACKSONVILLE, FL 32204 **Current Mailing Address: New Mailing Address:** 2050 FORBES STREET JACKSONVILLE, FL 32204 FEI Number: 20-1425427 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: Name and Address of New Registered Agent: BROOKS, MICHAEL L ESQUIRE 437 EAST MONROE STREET, SUITE 202 JACKSONVILLE, FL 32202 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: MICHAEL L. BROOKS Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BLACK, WILLIAM P Name: Name: Address: 1666 DRIFT ROAD Address: City-St-Zip: WESTPORT, MA 02790 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SURI, ARVIND K Name: Address: 77 BEECHWOOD DRIVE Address: City-St-Zip: CRANSTON, RI 02921 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BALTZ, LINDA A Name: Name: 2410 BROOK PARK WAY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: LINDA BALTZ MGMR 10/06/2005