

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054108

Entity Name: LAB, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

2050 FORBES STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2050 FORBES STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-1425427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, MICHAEL L ESQUIRE
8137-B NORTH MAIN STREET
JACKSONVILLE, FL 32208 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: BLACK, WILLIAM P
Address: 1666 DRIFT ROAD
City-St-Zip: WESTPORT, MA 02790

Title: MGRM () Delete
Name: SURI, ARVIND K
Address: 77 BEECHWOOD DRIVE
City-St-Zip: CRANSTON, RI 02921

Title: MGRM () Delete
Name: BALTZ, LINDA A
Address: 13846 ATLANTIC BLVD #1015
City-St-Zip: JACKSONVILLE, FL 32225

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:

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: LINDA A BALTZ

MGRM

01/15/2009

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