

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000054108

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** LAB, LLC

**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  
**Name:** BLACK, WILLIAM P  
**Address:** 1666 DRIFT ROAD  
**City-St-Zip:** WESTPORT, MA 02790

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

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

I hereby 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

04/06/2012

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