

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-05-2006 90046 001 ***100.00

DOCUMENT # L04000066605 1. Entity Name FILL PAC, L.L.C.					
Principal Place of Business 1701 BIOTECH WAY SARASOTA, FL 34243			Mailing Address 1701 BIOTECH WAY SARASOTA, FL 34243		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HADLEY, WILLIAM F 1701 BIOTECH WAY SARASOTA, FL 34243				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <small>Signature, typed or printed name of registered agent and file if applicable</small>		(NOTE: Registered Agent signature required when reinstating) <div style="text-align: right;">4/19/06</div> <small>DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HADLEY, WILLIAM F		NAME		
STREET ADDRESS	1701 BIOTECH WAY		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34243		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		William F. Hadley 4/19/06 941-358-9112			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>			

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04142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1602850
APPLIED FOR

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

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