

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90027 013 ****50.00

DOCUMENT # L04000068946

1. Entity Name
BIO-LIFE LABORATORIES, LLC



Principal Place of Business
3345 BURNS ROAD
204
PALM BEACH GARDENS, FL 33410

Mailing Address
3345 BURNS ROAD
204
PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE



07122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1808399

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTANA, DONALD
3345 BURNS RD, STE 204
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MONTANO, DONALD
STREET ADDRESS	3345 BURNS RD, STE 204
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGRM
NAME	JOHNSON, KEVIN
STREET ADDRESS	3345 BURNS RD, STE 204
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:

Donald Montano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/23/07 561-743-8951

DATE

Daytime Phone #