## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED
52 May 26, 2005 8:00 am
Secretary of State

☐ Addition

DOCUMENT # L04000068985  1. Entity Name					Secretary of State 05-02-2005 90086 004 ****50.00				
BIO ESSE	ENTIAL GROUP, LLC								
Principal Place of Business Mailing Address					]				
14151 NORTH WEST 2ND AVENUE MIAM1 FL 33168 US		14151 NORTH WEST 2ND AVENUE MIAMI FL 33168 US			1	REMERI OM DEM ÆRU FOM DER	I JUNI BANG GOAL (A		BRALLER ARTE
2. Principal Place of Business		3. Mailing Address			]				
Suite, Apt. W. elc.		Suite, Apt. #, etc.		1	st MOORE	CR2E083	(10/04)		
City & State		City & State		4. FEI Num	10-0P°	395Z	1 <del>                                    </del>	plied For a Applicable	
Zip	Country	Zip	Coun		5. Certifica	te of Status Desired		5.00 Add ee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
DITTED CARL C MD				148199					
PITTER, CARL S MR.  - 7435-NORTH WEST 57TH STREET——  TAMARAC FL 33319				Street Address	(P.O. Box Num	iber is Not Acceptab	le)		
				City		<del></del>		Zip Cod	
							<u> </u>		
	<ul> <li>named entity submits this statement for titions of registered agent.</li> </ul>	he purpose of changing its	register	ed office or registe	red agent, or t	ooth, in the State of F	lorida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and	d tate & apparable (NOT)	E Registere	d Agent 1 gneti#e requee	d when reinsteang)	·	DATE		
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Departme Due By May 1, 2005			nt of State				
9.	MANAGING MEMBER		10.			ADDITIONS	/CHANGES		
TITLE	MGR	Delete	THE	E	···			[] Change	Addition
NAME	TURNER, ERIC L MS.		NAA	_					
STREET ADDRESS CITY-ST-ZIP	14151 NORTH WEST 2ND AVENUE MIAMI FL 33168		1	EET ADDRESS /-ST-ZIP					
TITLE	MGR	☐ Deleta	1111					Change	☐ Addition
NAME	TURNER, LINETTE M MS.		NAM	Æ Į					_
STREET ADDRESS	111011101111111111111111111111111111111			EET ADDRESS					
City-ST-ZIP	MIAMI FL 33168			r-SI-ZIP			<del></del>	C) (h	- Adding
TITLE NAME	MGRM WEBB, THOMAS S MR.	☐ Defete	TITL	- 1	,			Change	Addition
STREET ADDRESS	1			EET ADORESS					!
CITY-ST-ZIP	NEWMAN GA 30263		an	1-\$1-ZIP					
MILE		☐ Delete	Tile	- 1				Change	Addition
NAME STREET ADORESS			NAM CTD	/E Ee i address					
CITY-ST-ZIP				1-S1-ZIP					
TITL C	<del>                                     </del>	[] (Mark	7071			<del></del>	<del></del>	Change	□ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath; 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.

NAME

FITLE

NAME

☐ Defete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-\$1-ZIP

SIGNATURE: 1-27-205.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGENG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Departs Phone &