

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90093 026 ****50.00

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1. Entity Name
BIOCORD, LLC



Principal Place of Business
103 NORTH LAKE DRIVE, STE. B
ORMOND BEACH, FL 32714

Mailing Address
103 NORTH LAKE DRIVE, STE. B
ORMOND BEACH, FL 32714

2004JUN00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072005

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4. FEI Number

20-2043642

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00

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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENNY, CHRISTIAN
103 NORTH LAKE DRIVE, STE. B
ORMOND BEACH, FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
SEE ATTACHED
SHEET

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP ☐ 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 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:

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

Date

Daytime Phone #

CHRISTIAN JENNY 4/22/05 386-437-4103

ATTACHMENT

20045026

Biocord, LLC
Document# L04000091758

Block 10

| | | |
|------------------|------------------------|----------|
| Title: | Member | Addition |
| Name: | L. Gale Lemerand | |
| Street Address: | 103B North Lake Dr. | |
| City – ST – Zip: | Ormond Beach, FL 32174 | |

| | | |
|------------------|-------------------------|----------|
| Title: | Member | Addition |
| Name: | Rhonda Investments, LLC | |
| Street Address: | 103B North Lake Dr. | |
| City – ST – Zip: | Ormond Beach, FL 32174 | |

| | | |
|------------------|------------------------|----------|
| Title: | Member | Addition |
| Name: | Dawn Investments, LLC | |
| Street Address: | 103B North Lake Dr. | |
| City – ST – Zip: | Ormond Beach, FL 32174 | |

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|------------------|------------------------|----------|
| Title: | Member | Addition |
| Name: | W. Timothy Curtis | |
| Street Address: | 8 Broadcreek Cr. | |
| City – ST – Zip: | Ormond Beach, FL 32174 | |

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|------------------|----------------------|----------|
| Title: | Member | Addition |
| Name: | James E. Gardner | |
| Street Address: | 5 Montilla Place | |
| City – ST – Zip: | Palm Coast, FL 32135 | |

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|------------------|------------------------|----------|
| Title: | Member | Addition |
| Name: | Christian Jenny | |
| Street Address: | 103B North Lake Dr. | |
| City – ST – Zip: | Ormond Beach, FL 32174 | |

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|------------------|------------------------|----------|
| Title: | Member | Addition |
| Name: | Jeffrey Parks | |
| Street Address: | 7 Riverwood Dr. | |
| City – ST – Zip: | Ormond Beach, FL 32176 | |

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|------------------|------------------------|----------|
| Title: | Member | Addition |
| Name: | John C. Long, Jr. MD | |
| Street Address: | 155 N. Nova Rd. | |
| City – ST – Zip: | Ormond Beach, FL 32174 | |

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|------------------|-----------------------------------|----------|
| Title: | Member | Addition |
| Name: | Philip Pharr | |
| Street Address: | 10367 S.W. 25 th Place | |
| City – ST – Zip: | Gainesville, FL 32607 | |