2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L04000091758

Entity Name: BIOCORD, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2043642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENNY, CHRISTIAN
103 NORTH LAKE DRIVE, STE. B
ORMOND BEACH, FL 32714 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	( ) Delete
Name:	LEMERAND, L. GALE	
Address:	103B NORTH LAKE DR	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	MGRM	( ) Delete
Name:	RHONDA INVESTMENTS, LLC	
Address:	103B NORTH LAKE DR	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	MGRM	( ) Delete
Name:	DAWN INVESTMENTS, LLC	
Address:	103B NORTH LAKE DR	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	MGRM	( ) Delete
Name:	CURTIS, W. TIMOTHY	
Address:	8 BROADCREEK CR	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	MGRM	( ) Delete
Name:	GARDNER, JAMES E	
Address:	5 MONTILA PL	
City-St-Zip:	PALM COAST, FL 32135	
Title:	MGRM	( ) Delete
Name:	JENNY, CHRISTIAN	
Address:	103B NORTH LAKE DR	
City-St-Zip:	ORMOND BEACH, FL 32174	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: L GALE LEMERAND MGRM 04/13/2009

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