

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012900

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA TESTING SERVICES, L.L.C.

**Current Principal Place of Business:**

3231 N.W. 7TH AVE.  
BOCA RATON, FL 33431

**New Principal Place of Business:**

2505 NORTH FALKENBURG RD  
TAMPA, FL 33619

**Current Mailing Address:**

3231 N.W. 7TH AVE.  
BOCA RATON, FL 33431

**New Mailing Address:**

PO BOX 810275  
BOCA RATON, FL 33481

**FEI Number:** 57-1217156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BUILES, MARIA R  
3231 N.W. 7TH AVE  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

BUILES, MARIA R  
1700 NORTH DIXIE HWY STE 133  
BOCA RATON, FL 33432 US

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: \_\_\_\_\_

02/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BUILES, MARIA R  
Address: 1700 N DIXIE HWY STE 133  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR  
Name: AREVALO, MARIA  
Address: 1700 N DIXIE HWY STE 133  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR  
Name: BUILES, EDUARDO  
Address: 1700 N DIXIE HWY STE 133  
City-St-Zip: BOCA RATON, FL 33432

I hereby 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: MARIA E. AREVALO

MGR

02/08/2012

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