

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029250

Entity Name: HEMACON LABORATORIES, LLC

FILED
Jan 18, 2008
Secretary of State

Current Principal Place of Business:

106 SW 10TH ST
SUITE C
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 5773
OCALA, FL 34478

New Mailing Address:

FEI Number: 32-0150454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: P () Delete
Name: PANTAZIS, COOLEY
Address: 2240 E. 5TH ST
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: ITURRASPE, JOSE
Address: 16718 SW S.PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: S () Delete
Name: PANTAZIS, DENNIS JD
Address: 8041 SCOVE DR
City-St-Zip: BIRMINGHAM, AL 35216

Title: T () Delete
Name: CHANDLER, CHRIS
Address: 6003 WILLOW OAK CT
City-St-Zip: PROSPECT, KY 40059

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:

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: COOLEY PANTAZIS

P

01/18/2008

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