## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

## May 05, 2008 8:00 am Secretary of State 05-05-2008 90032 041 \*\*\*138.75 DOCUMENT # L05000070361 MILLENIUM LABORATORIES LLC Principal Place of Business Mailing Address 3602 SPECTRUM BLVD. 3602 SPECTRUM BLVD. 60038860 TAMPA, FL 33612 TAMPA, FL. 33612 04302008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3184955 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EGAN, JOHN F DO NOT WRITE 3602 SPECTRUM BLVD. TAMPA, FL 33612 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS TITLE MGRM EGAN, JOHN F NAME 3602 SPECTRUM BLVD. STREET ADDRESS TAMPA, FL 33612 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

**FILED** 

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone a