

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90027 034 ***138.75

DOCUMENT # L05000084042

1. Entity Name
JOINT DEGREE LABS, LLC



Principal Place of Business
1280 SOUTH ALHAMBRA CIRCLE #2212
CORAL GABLES, FL 33146

Mailing Address
1280 SOUTH ALHAMBRA CIRCLE #2212
CORAL GABLES, FL 33146

60037141



2. Principal Place of Business - No P.O. Box #

801 S. Olive Ave

3. Mailing Address

801 S. Olive Avenue

Suite, Apt. #, etc.

Suite 1201

Suite, Apt. #, etc.

Suite 1201

04252008 Chg-LLC CR2E083 (12/06)

City & State

West Palm Bch, FL

City & State

West Palm Bch, FL

4. FEI Number

20-3382707

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33401

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEUFELD, JASON
1280 SOUTH ALHAMBRA CIRCLE #2212
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME NEUFELD, JASON
STREET ADDRESS 1280 SOUTH ALHAMBRA CIRCLE #2212
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE MGR
NAME HERTZBERG, JUSTIN
STREET ADDRESS 1280 SOUTH ALHAMBRA CIRCLE #2212
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME ~~Neufeld, Jason~~
STREET ADDRESS 801 S. Olive Ave #1201
CITY-ST-ZIP West Palm Bch, FL 33401

TITLE MGR ☒ Change ☐ Addition
NAME Hertzberg, Justin
STREET ADDRESS 801 S. Olive Ave, #1201
CITY-ST-ZIP West Palm Bch, FL 33401

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

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

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

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

11. 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-08

561.629.3963