


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000094401		
1. Entity Name GENSPEC LABS, LLC		
Principal Place of Business 16334 SE HWY 19 CROSS CITY, FL 32628	Mailing Address 16334 SE HWY 19 CROSS CITY, FL 32628	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JOSEPH, LANDER 222 NE 210 AVENUE CROSS CITY, FL 32628		DO NOT WRITE 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 the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by September 14, 2007		
9: MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDER, JOSEPH T 222 NE 210 AVENUE CROSS CITY, FL 32628	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOE, LANDER H 3560 SW CR 334 TRENTON, FL 32693	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRING, DALE H 522 SE 897 STREET OLD TOWN, FL 32680	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDER, KIMBERLY W 620 NE 146 AVENUE OLD TOWN, FL 32680	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEXTER, RUSSELL 222 NE 210 AVENUE CROSS CITY, FL 32628	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOLTENS, JAY 1509 FRIERSON STREET JONESBORO, AR 72401	
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: _____ 8-9-07 (352) 542-7835 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



07312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3523668

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

U000000772042
08/14/07-80002-007 50.00

**DO NOT WRITE
IN THIS SPACE**