2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS

ne ADD 21

DOCUMENT # L05000111463 1. Entity Name UNITED LAB LLC						06 APK 24	AM 9: 54	ı	
Principal Place of Business 13030 WEST COLONIAL DR WINTER GARDEN, FL 34787 US		Mailing Address 13030 WEST COLONIAL DR WINTER GARDEN, FL 34787 US							
					M LUMMIN	III. BBITI BITTI BBITI BBITI BBITI 191	JTI KHTI KON OLDA TI	9 11 Ni 111 In 1111	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\ 04102006	Chg-LLC	CR2E083 (11/	05)	
City & State		City & State				4. FEI Number Applied I Applied I Not Appl			
Zip	Country	Zip	Country				□ \$5.00	Additional	
	6. Name and Address of Current i	Registered Agent		· · · · · · · · · · · · · · · · · · ·	7. Name an	d Address of New Regi			
LIDDELL, JAMES				Name					
331 WEST	F NEWELL ST SARDEN, FL 34787	Street Addr		t Address (I	ss (P.O. Box Number is Not Acceptable)				
			City		<u>.</u>			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									
A	mended AR is \$50.00					heck payable epartment of S			
9.	MANAGING MEMBEI	L RS/MANAGERS	10.			ADDITIONS/CH	ANGES		
TITLE	MGRM	☐ Delete	TITLE				Char	nge Addition	
name Street address	LIDDELL, JAMES 331 WEST NEWELL ST		NAME STREET ADDRES					ļ	
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP	~					
TITLE	MGRM	☐ Delete	TITLE				☐ Chan	nge 🔲 Addition	
NAME Street address	LIDDELL, APRIL 331 WEST NEVELL ST		NAME STREET ADORES						
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP	~					
TITLE	解	☐ Delete	TITLE	MSI	n		Chan	nge 🗷 Addition	
NAME Street address			NAME STREET ADDRES	5 100	ricia C	Tice P.E.			
CITY-ST-ZIP			CITY-ST-ZIP	000	:< -(.	gete Dr. 34761			
TITLE		☐ Delete	TITLE				☐ Chan	nge 🗌 Addition	
NAME Street address			NAME STREET ADDRES	s					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Chan	nge 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADORES	s		5000741	7970	15	
CITY-ST-ZIP			CITY-ST-ZIP		05/	5000 741 /08/0601026	003 *	*50.00	
TRLE		☐ Delete	TITLE				☐ Chan		
NAME STREET ADDRESS			NAME STREET ADDRES	,					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>					
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: James Audill James Liddell 4-1306 407-905-9686									
SIGNATURE: Date District HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date District Phone #									