

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000119912

1. Entity Name

SARASOTA LIFE SCIENCES, LLC



Principal Place of Business

1211 GULF OF MEXICO DRIVE, UNIT 209  
LONGBOAT KEY, FL 34228

Mailing Address

1211 GULF OF MEXICO DRIVE, UNIT 209  
LONGBOAT KEY, FL 34228



01082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3957938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CONTORNO, JOSEPH  
1211 GULF OF MEXICO DRIVE, UNIT 209  
LONGBOAT KEY, FL 34228

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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

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**

U00000829070  
02/25/09-80026-021 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	CONTRONO, JOSEPH
STREET ADDRESS	1211 GULF OF MEXICO DRIVE, UNIT 209
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	MGR
NAME	LINKER, ELAINE
STREET ADDRESS	1211 GULF OF MEXICO DRIVE, UNIT 209
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Joseph Contorno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #