

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120157

FILED
Mar 30, 2009
Secretary of State

Entity Name: SALES LABORATORIES, LLC.

Current Principal Place of Business:

9000 SHERIDAN ST, STE 115
PEMBROKE PINES, FL 33024

New Principal Place of Business:

2020 NE 163 STREET
300D
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328

New Mailing Address:

FEI Number: 20-3951392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KATZ, ALBERTO D
Address: 2020 NE 163 STREET SUITE 300D
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR () Delete
Name: MINOND, RUBEN
Address: 2020 NE 163 STREET SUITE 300D
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR () Delete
Name: LEVI, FERNANDO
Address: 2020 NE 163 STREET SUITE 300D
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERTO D KATZ

MGR

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date