

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000120157

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** SALES LABORATORIES, LLC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2020 NE 163 STREET  
300Z  
NORTH MIAMI BEACH, FL 33162 US

**Current Mailing Address:**

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

**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 FINANCIAL SERVICES, LLC.  
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  
**Name:** KATZ, ALBERTO D  
**Address:** 2020 NE 163 STREET SUITE 300Z  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162 US

**Title:** MGR  
**Name:** MINOND, RUBEN  
**Address:** 2020 NE 163 STREET SUITE 300Z  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162 US

**Title:** MGR  
**Name:** LEVI, FERNANDO  
**Address:** 2020 NE 163 STREET SUITE 300Z  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162 US

I hereby 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

04/05/2011

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