2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L06000000668

Entity Name: LAB WORKS, LLC

Current Principal Place of Business:

2510 MICCOSUKEE ROAD
SUITE 104
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2510 MICCOSUKEE ROAD
SUITE 104
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 41-2191207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, DELPHINE
2510 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

HILL, DELPHINE
2510 MICCOSUKEE ROAD
SUITE 104
TALLAHASSEE, FL 32308 US

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: DELPHINE HILL 04/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HILL, DELPHINE
Address: 1250 SANDY ACRES TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR ( ) Delete
Name: HILL, CAMERON
Address: 1250 SANDY ACRES TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

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: DELPHINE HILL PRES 04/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date