

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 12 PM 1:12

DOCUMENT # L06000065783

1. Entity Name
PRIVATE LAB TESTING, LLC



Principal Place of Business
4450 S.E. 150TH STREET
SUMMERFIELD, FL 34491

Mailing Address
4450 S.E. 150TH STREET
SUMMERFIELD, FL 34491

2. Principal Place of Business - No P.O. Box #
2935 SE 101 Street
Suite, Apt. #, etc.

3. Mailing Address
2935 SE 101 Street
Suite, Apt. #, etc.



06052008 Chg-LLC CR2E083 (12/06)

City & State
Ocala, FL 34480

City & State
Ocala, FL

4. FEI Number
20-5255784

Applied For
Not Applicable

Zip Country
34480 Marion

Zip Country
34480 Marion

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARX, JAMES ESQ.
848 BRICKELL AVE., SUITE 750
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip 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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR MCCARRON, LYNN 4450 S.E. 150TH STREET SUMMERFIELD, FL 34491 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR Charlotte Chambliss 2935 SE 101 Street Ocala, FL 34480 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
000131105980 06/10/08-01030-005 **50.00 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: Charlotte Chambliss

6-5-08 352-347-1837

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

Date

Daytime Phone #