


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L06000076727 1. Entity Name ADVANTIUM BIOSCIENCES, LLC	
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Principal Place of Business 4935 LYFORD CAY ROAD TAMPA, FL 33629	Mailing Address 4935 LYFORD CAY ROAD TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5480236

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCNAMARA, THOMAS P
2907 BAY TO BAY BLVD., SUITE 201
TAMPA, FL 33629**

**DO NOT WRITE
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**

U00000882577
04/16/08-80047-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANGELL, WILLIAM W 4935 LYFORD CAY ROAD TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THAKKER, DHIREN 317 DALTON DRIVE RALEIGH, NC 27615
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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:

William W. Angell

4/1/08

813-872-6468

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

Date

Daytime Phone #