

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90174 038 ****50.00

DOCUMENT # **L06000095058**

1. Entity Name
Gene-system LLC



DO NOT WRITE IN THIS SPACE

60027546

2. Principal Place of Business
50 Harbour Dr. South
Suite, Apt. #, etc.

3. Mailing Address
50 Harbour Dr. South
Suite, Apt. #, etc.

CR2E083B (8/05)

City & State
Ocean Ridge, FL
Zip
33435
Country
U.S.

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Zip
33435
Country
U.S.

4. FEI Number
20-8400788
Applied For
☐ Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Singer, Michael S. Esq.

Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Boulevard

Suite
604

City
Palm Beach Gardens, FL Zip Code
33410

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VINAS, LUIS
50 Harbour Dr. South
Ocean Ridge, FL 33435**

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/12/07