

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108951

Entity Name: P3 MOBIL SCIENCE, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

5913 NW 31ST AVENUE
FORT LAUDERDALE, FL 3309 US

New Principal Place of Business:

Current Mailing Address:

5913 NW 31ST AVENUE
FORT LAUDERDALE, FL 3309 US

New Mailing Address:

FEI Number: 20-5873249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DENNIS D ESQ.
TRIPP SCOTT, PA
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 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: MGRM () Delete
Name: PAUL-HUS, BERNARD
Address: 5913 NW 31ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM () Delete
Name: PAUL-HUS, RICHARD
Address: 5913 NW 31ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM () Delete
Name: PAUL-HUS, ERIC
Address: 5913 NW 31ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEVIN WORRELL (FOR BERNARD PAUL-HUS)

MGR

01/07/2008

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