

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013744

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** INDUQUIMICA LABORATORIES, LLC

**Current Principal Place of Business:**

6855 SW 45TH LANE, UNIT 7  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MELLAW REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE, STE 700  
COCONUT GROVE, FL 33133

**New Mailing Address:**

C/O MELLAW REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE #850  
COCONUT GROVE, FL 33133

**FEI Number:** 20-8363657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELLAW REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE, STE 700  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

MELLAW REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE, SUITE #850  
COCONUT GROVE, FL 33133 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: SANTIAGO ELJAIK III, MGR

04/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: QUINTANILLA-AURICH, CHRISTIAN J  
Address: 6855 SW 45TH LANE, UNIT 7  
City-St-Zip: MIAMI, FL 33155

Title: MGR  
Name: QUINTANILLA-AURICH, CATHERINE C  
Address: 6855 SW 45TH LANE, UNIT 7  
City-St-Zip: MIAMI, FL 33155

Title: MGR  
Name: QUINTANILLA-AURICH, SUSANA P  
Address: 6855 SW 45TH LANE, UNIT 7  
City-St-Zip: MIAMI, FL 33155

I hereby 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: CHRISTIAN QUINTANILLA-AURICH

MGR

04/27/2011

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