


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2008 8:00 am
Secretary of State

08-22-2008 90011 017 ***138.75

DOCUMENT # L07000048155	
1. Entity Name VENRA CLINICAL STUDIES, LLC	

Principal Place of Business 1157 S SR #7 WELLINGTON, FL 33414	Mailing Address 1157 S SR #7 WELLINGTON, FL 33414
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50009665

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



08192008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
TRIPURANENI, KRISHNA 1157 S SR #7 WELLINGTON, FL 33414	

4. FEI Number 26-3194786	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRIPURANENI, KRISHNA 1157 S SR #7 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		8-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date
		Daytime Phone #