

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-24-2008 90240 047 ***138.75

FILED

08 APR 16 PM 2:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000065691 1. Entity Name PROCESS LAB, LLC			
Principal Place of Business 3122 SW 125TH STREET ARCHER, FL 32018		Mailing Address 3122 SW 125TH STREET ARCHER, FL 32018	
2. Principal Place of Business - No P.O. Box # 11950 CR 101		3. Mailing Address 11950 CR 101	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203	
City & State The Villages, FL		City & State The Villages, FL	
Zip 32162		Zip 32162	
Country USA		Country USA	
4. FEI Number 26-0412875		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03112008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HASSANEIN, ASHRAF 1572 Sherbrook Dr 3122 SW 125TH STREET Clermont, FL 34711 ARCHER, FL 32018		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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: Ashraf HASSANEIN 3/11/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM HASSANEIN, ASHRAF 1572 Sherbrook Dr 3122 SW 125TH STREET ARCHER, FL 32018 Clermont, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ashraf HASSANEIN 3/11/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		3524302580 <small>Daytime Phone #</small>	