

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068653

FILED
Apr 22, 2008
Secretary of State

Entity Name: GERM PATROL, LLC

Current Principal Place of Business:

20 CROSBY VILLAGE WAY
EASTHAM, MA 02042

New Principal Place of Business:

Current Mailing Address:

20 CROSBY VILLAGE WAY
EASTHAM, MA 02042

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INTERN. PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: LEZDEY, JARETT
Address: 20 CROSBY VILLAGE WAY
City-St-Zip: EASTHAM, MA 02042 US

Title: MGR () Change (X) Addition
Name: LEZDEY, DARREN
Address: 20 CROSBY VILLAGE WAY
City-St-Zip: EASTHAM, MA 02042 US

Title: MGR () Change (X) Addition
Name: FARMER, TODD
Address: 20 CROSBY VILLAGE WAY
City-St-Zip: EASTHAM, MA 02042 US

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: DARREN LEZDEY

MGR

04/22/2008

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