

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098509

Entity Name: VE2 LABORATORIES, LLC

FILED
Sep 21, 2009
Secretary of State

Current Principal Place of Business:

888 BRICKELL KEY DR., #902
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

888 BRICKELL KEY DR., #902
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 26-1135268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SASSON, VICTOR A
90 N.W. 3 AVE.
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

SASSON, VICTOR A
12725 OAK ARBOR DR.
BOYNTON BEACH, FL 33436 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: VICTOR ANDRES SASSON

09/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SASSON, VICTOR A
Address: 888 BRICKELL KEY DR., #902
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM () Delete
Name: KATSOU LIS, JOHN
Address: 888 BRICKELL KEY DR., #902
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SASSON, VICTOR A
Address: 12725 OAK ARBOR DR.
City-St-Zip: BOYNTON BEACH, FL 33436 US

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: VICTOR ANDRES SASSON

CEO

09/21/2009

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