

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102700

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: BIOLOGICAL DEFENSE, LLC

**Current Principal Place of Business:**

1311 SW CEDAR TERRACE  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1311 SW CEDAR TERRACE  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

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

BULMAN, RICHARD C JR.  
888 BRICKELL KEY, NO. 904  
MIAMI, FL 33131 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: MGR ( ) Delete  
Name: SPENCER, ARELIS  
Address: 1311 SW CEDAR TERRACE  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR (X) Delete  
Name: LEVINSON, LILLY  
Address: 1311 SW CEDAR TERRACE  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR ( ) Delete  
Name: MORISSETTE, PETER  
Address: 1311 SW CEDAR TERRACE  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARELIS SPENCER QUIRK

PRES

04/28/2009

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