2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026673

Entity Name: AMOROUS LAB, LLC

City-St-Zip:

DOVER, FL 33527

FILED Mar 23, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 6635 TRAVIS BL TAMPA, FL 33610 HI **Current Mailing Address: New Mailing Address:** 6635 TRAVIS BL TAMPA, FL 33610 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARSHALL, RONALD E SR 6635 TRAVÍS BL TAMPA, FL 33610 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete GILBERT, EUGENE JR Name: Name: Address: PMB 78446/ 1072 W. PEACHTREE ST N.W. Address: City-St-Zip: ATLANTA, GA 30309 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MARSHALL, RONALD E SR Name: Address: 6635 TRAVIS BL Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition JONES, DWAYNE L SR Name: Name: 13213 SHADY STABLES LN Address: Address:

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.

City-St-Zip:

SIGNATURE: RONLAD MARSHALL RA 03/23/2009