

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034576

Entity Name: BIORIL, LLC

FILED
Feb 02, 2012
Secretary of State

Current Principal Place of Business:

9822 TAPESTRY PARK CIRCLE
SUITE 201
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

9822 TAPESTRY PARK CIRCLE
SUITE 201
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 26-1945780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBROSE, LOUISE B ESQ.
9822 TAPESTRY PARK CIRCLE
SUITE 201
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

AMBROSE, LOUISE B
9822 TAPESTRY PARK CIRCLE
SUITE 201
JACKSONVILLE, FL 32246 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: LOUISE B. AMBROSE

02/02/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WHEELER, GREGORY B R.L.A.
Address: 9822 TAPESTRY PARK CIRCLE - SUITE 201
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGR
Name: LEAVITT, RICHARD I PH.D.
Address: 5108 POLARIS CT.
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGR
Name: LLEWELLYN, MARK T P.E.
Address: 2507 CALLAWAY ROAD - SUITE 100
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGR
Name: MARRINER, BRUCE E P.E.
Address: 3910 US HIGHWAY 301 NORTH
City-St-Zip: TAMPA, FL 33619 US

Title: MGR
Name: WHEELER, LEE B
Address: 9822 TAPESTRY PARK CIRCLE, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32246 US

I hereby 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: G. BRIAN WHEELER

MGRM

02/02/2012

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