

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056698

Entity Name: WILCO LABORATORIES LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

10505 NW 27 TH ST.
SUITE #1
DORAL, FL 33172 US

New Principal Place of Business:

4671 NW 103RD AVE.
SUNRISE, FL 33351 US

Current Mailing Address:

10505 NW 27 TH ST.
SUITE #1
DORAL, FL 33172 US

New Mailing Address:

4671 NW 103RD AVE.
SUNRISE, FL 33351 US

FEI Number: 26-2812761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINZEY, JAMES A
9777 NE 5TH AVE RD
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

SILVA, LEONOR
8204 NW 115 CT
DORAL, FL 33178 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: LEONOR SILVA

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ILIOPULOS, JUAN
Address: 392 CARRINGTON DR.
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: ASOMANI CORPORATION,
Address: 10505 NW 27 ST SUITE #1
City-St-Zip: DORAL, FL 33172 US

ADDITIONS/CHANGES:

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: JUAN ILIOPULOS

MGR

03/20/2009

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