

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000056698

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** WILCO LABORATORIES LLC

**Current Principal Place of Business:**

4671 NW 103RD AVE.  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

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

**Current Mailing Address:**

4671 NW 103RD AVE.  
SUNRISE, FL 33351 US

**New Mailing Address:**

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

**FEI Number:** 26-2812761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SILVA, LEONOR  
8204 NW 115 CT  
DORAL, FL 33178 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  
**Name:** ILIOPULOS, JUAN  
**Address:** 2993 SW 141ST TERRACE  
**City-St-Zip:** DAVIE, FL 33330 US

**Title:** MGRM  
**Name:** ASOMANI CORPORATION  
**Address:** 10505 NW 27 ST SUITE #1  
**City-St-Zip:** DORAL, FL 33172 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:** JUAN ILIOPULOS

MGRM

01/18/2011

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