2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059590

Entity Name: PURPLE LAB, LLC

City-St-Zip:

PALM BEACH GARDENS, FL 33418 US

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
Current P	rincipai Piace	or Business:	New Principal Place	e of Business:	
	H DIXIE HIGHV	VAY			
SUITE 518	3 DOD, FL 33020	US			
TIOLLIVVO	JOD, I E 33020	66			
Current Mailing Address:			New Mailing Address:		
140 SOUTH DIXIE HIGHWAY					
SUITE 518		• / ()			
HOLLYWO	DOD, FL 33020	US			
FEI Number:	: 26-2818767	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
140 SOUT SUITE 518	ITZ, JASON B TH DIXIE HIGHV B DOD, FL 33020				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both	
SIGNATU	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	ROBINOVITZ, JA	IE HIGHWAY, SUITE 518	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () ROBINOVITZ, K. 259 W. 10TH ST NEW YORK, NY	., APT. 6G	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM (X) BUTTA, VINCEN 5 HEATHER LAN LLOYD HARBOR	IE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () CUSO, TODD 259 W. 10TH ST NEW YORK, NY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGRM () ROBINOVITZ, AI 120 WINDSOR I		Title: Name: Address:	() Change () Addition	

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: JASON ROBINOVITZ MGRM 01/16/2009