

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000073578

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** SEAVIEW LABS, LLC

**Current Principal Place of Business:**

221 SW 42ND AVENUE  
2ND FLOOR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

221 SW 42ND AVENUE  
3RD FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 26-3120255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NRAI SERVICES INC  
2731 EXECUTIVE PARK DRIVE  
STE 4  
WESTON, FL 33331 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:** MGRM  
**Name:** HARRIS, STUART I  
**Address:** 2851 SEMINOLE STREET  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** MEMB  
**Name:** ALVAREZ, CELINA R  
**Address:** 5877 SW 94TH STREET  
**City-St-Zip:** PINECREST, FL 33156

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:** STUART I. HARRIS

MGRM

02/10/2010

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