2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# L08000114370

Entity Name: LABOMETRIC, LLC

Current Principal Place of Business:

3220 CALUSA STREET
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3220 CALUSA STREET
MIAMI, FL 33133

New Mailing Address:

FEI Number: 32-0273945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LLEONART, LUIS M
782 N.W. 42ND AVENUE, SUITE #430
MIAMI, FL 33133 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 ( ) Delete
Name: FRANCISCO DE MOURA, RENATO
Address: RUA SERGIPE, 19 - AP.15-A
City-St-Zip: SANTOS, SP, BRAZIL, XX

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SANLAB INSTRUMENTOS E SERVICOS LTDA.
Address: RUA MAJOR QUEDINHO, 111-CJ 609
City-St-Zip: SAO PABLO, SP 01050 BR

Title: MGRM ( ) Change (X) Addition
Name: DE PAULA FERREIRA, MAURA S
Address: RUA CONSELHEIRO BROTERO, 1353 # 101
City-St-Zip: SAO PABLO, SP 01232 BR

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: MAURA SOLANGE DE PAULA FERREIRA MGRM 07/01/2009

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