

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000043522

Entity Name: NATIONAL BIOCHAR LLC

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3779 NW 27TH ST  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

3779 NW 27TH ST  
GAINESVILLE, FL 32605 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CONDON, BRIAN M  
3779 NW 27TH ST  
GAINESVILLE, FL 32605 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: CONDON, BRIAN M  
Address: 3779 NW 27TH ST  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: MGRM  
Name: BIORESOURCE MANAGEMENT, INC.  
Address: 4249 NW 56TH WAY  
City-St-Zip: GAINESVILLE, FL 32606 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: BRIAN CONDON

MGRM

02/14/2011

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