

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000066588

**FILED**  
**Sep 17, 2010**  
**Secretary of State**

**Entity Name:** BITE TECH LABORATORIES, LLC

**Current Principal Place of Business:**

180 GULFSTREAM WAY  
DANIA, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

180 GULFSTREAM WAY  
DANIA, FL 33004

**New Mailing Address:**

**FEI Number:** 27-0533089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KARNEY, WILLIAM M ESQ  
915 MIDDLE RIVER DRIVE  
SUITE #506  
FORT LAUDERDALE, FL 33304 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: BITE TECH, INC.  
Address: 227 COLFAX AVE. NORTH SUITE 110  
City-St-Zip: MINNEAPOLIS, MN 55405

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: ROBERT FOWLER

MR.

09/17/2010

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