

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118918

Entity Name: LONDON LABS, LLC

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5895 WHISTLEWOOD CIRCLE  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

1910 SOUTH OCEAN BLVD  
DEL RAY, FL 33483 US

**Current Mailing Address:**

5895 WHISTLEWOOD CIRCLE  
SARASOTA, FL 34232 US

**New Mailing Address:**

5645 LA SALLE AVE LL  
OAKLAND, CA 94611 US

FEI Number: 27-1499436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LONDON, GAIL L MANAGER  
5895 WHISTLEWOOD CIRCLE  
SARASOTA, FL 34232 US

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

LONDON, GAIL L  
1910 SOUTH OCEAN BLVD  
DEL RAY, FL 33483 US

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: GAIL L. LONDON

01/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS  
Name: LONDON, GAIL L MANAGER  
Address: 5645 LA SALLE AVE LL  
City-St-Zip: OAKLAND, CA 94611 US

Title: MS  
Name: POSTELL, MONICA L VP  
Address: 1910 SOUTH OCEAN BLVD  
City-St-Zip: DEL RAY, FL 33483 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: GAIL LONDON

MANA

01/24/2011

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