

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000122886

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FIRST COAST GENETICS LLC

**Current Principal Place of Business:**

765 FLOWERS STREET  
SAINT AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

765 FLOWERS STREET  
SAINT AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 27-1558061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CURTIS, C WILLIAM III  
701 MARKET ST  
SUITE 109  
SAINT AUGUSTINE, FL 32095 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:** MGR  
**Name:** PIRRUNG, JEFFREY L  
**Address:** 765 FLOWERS STREET  
**City-St-Zip:** SAINT AUGUSTINE, FL 32092

**Title:** MGR  
**Name:** ARCHAMBAULT, GREG  
**Address:** 765 FLOWERS STREET  
**City-St-Zip:** SAINT AUGUSTINE, FL 32092

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:** JEFFREY L PIRRUNG

MGR

04/29/2011

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