

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000018857

Entity Name: BASALTLABS, LLC

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

188 PINEHURST PT. DR.  
SAINT AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

188 PINEHURST PT. DR.  
SAINT AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 27-1932697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OSGARD, PETER M  
188 PINEHURST PT. DR.  
SAINT AUGUSTINE, FL 32092 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: OSGARD, PETER M  
Address: 188 PINEHURST PT. DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGR  
Name: BOUNDS, CAROL A  
Address: 4430 E. FORT KING STREET  
City-St-Zip: OCALA, FL 34470

Title: MGR  
Name: BOUNDS, J.CLANCEY  
Address: 3812 LAKE SARAH DR.  
City-St-Zip: ORLANDO, FL 32804

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: PETE OSGARD

PRES

01/12/2011

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