

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034866

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** ALLOGRAFT INNOVATIONS, LLC

**Current Principal Place of Business:**

621 PORTIA STREET  
NOKOMIS, FL 34275

**New Principal Place of Business:**

3842 97TH STREET NW  
GAINESVILLE, FL 32606 UN

**Current Mailing Address:**

621 PORTIA STREET  
NOKOMIS, FL 34275

**New Mailing Address:**

3842 97TH STREET NW  
GAINESVILLE, FL 32606 UN

**FEI Number:** 27-2329467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARLICK, THOMAS B  
9115 CORSEA DEL FONTANA WAY  
SUITE 100  
NAPLES, FL 34109 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: CEO  
Name: DUANE, DUANE  
Address: 3917 CASEY KEY ROAD  
City-St-Zip: NOKOMIS, FL 34275

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: DUANE DUCHARME

CEO

05/02/2011

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