

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000078402

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** INFECTION CONTROL TECHNOLOGIES, LLC

**Current Principal Place of Business:**

18939 AVENUE BIARRITZ  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

18939 AVENUE BIARRITZ  
LUTZ, FL 33558

**New Mailing Address:**

**FEI Number:** 27-3123265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

FROST, JAMES T  
18939 AVENUE BIARRITZ  
LUTZ, FL 33558 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: JAMES T. FROST

05/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FROST, JAMES T  
Address: 18939 AVENUE BIARRITZ  
City-St-Zip: LUTZ, FL 33558

Title: MGRM  
Name: FROST, DONNA M  
Address: 18939 AVENUE BIARRITZ  
City-St-Zip: LUTZ, FL 33558

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: JAMES T FROST

MGRM

05/01/2011

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