

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000103915

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** LABORATORY OF FLORIDA LLC

**Current Principal Place of Business:**

7520 W. WATERS AVE.  
SUITE 18  
TAMPA, FL 33615

**New Principal Place of Business:**

7520 W. WATERS AVE.  
SUITE 18  
TAMPA, FL 33615 UN

**Current Mailing Address:**

903 MOORING CIR.  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 45-3323006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEONOV, ANDREI  
7520 W. WATERS AVE.  
SUITE 18  
TAMPA, FL 33615 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: HERNANDEZ, DOUGLAS  
Address: 7520 W. WATERS AVE.  
City-St-Zip: TAMPA, FL 33615

Title: MGRM  
Name: RODRIGUEZ, ROBERTO  
Address: 7520 W. WATERS AVE.  
City-St-Zip: TAMPA, FL 33615

Title: MGRM  
Name: LEONOV, ANDREI  
Address: 7520 W. WATERS AVE.  
City-St-Zip: TAMPA, FL 33615

Title: MGRM  
Name: BRIUKHNO, GENNADII  
Address: 7520 W. WATERS AVE.  
City-St-Zip: TAMPA, FL 33615

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: ANDREI LEONOV

MGRM

04/09/2012

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