

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106327

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** INSIGHT BIODEVICES LLC

**Current Principal Place of Business:**

3006 SW 23RD ST  
APT. 30  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

**Current Mailing Address:**

3006 SW 23RD ST  
APT. 30  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

**FEI Number:** 45-3301690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 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:** LEIVA, HECTOR  
**Address:** 3006 SW 23RD ST. APT. 30  
**City-St-Zip:** GAINESVILLE, FL 32608 US

**Title:** MGRM  
**Name:** JOAG, CHINMAY  
**Address:** 3006 SW 23RD ST. APT. 30  
**City-St-Zip:** GAINESVILLE, FL 32608 US

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:** CHINMAY JOAG

MGRM

04/30/2012

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