

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119676

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Entity Name:** ASSURED TOXICOLOGY SOLUTIONS, LLC

**Current Principal Place of Business:**

4201 VINELAND ROAD  
SUITE I-12  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4201 VINELAND ROAD  
SUITE I-12  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 45-3664782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH AEBEL, ERIN ESQ.  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602 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: MGR  
Name: LOCKE, SHANE D  
Address: 4201 VINELAND ROAD  
City-St-Zip: ORLANDO, FL 32811

Title: MGR  
Name: LAGANO, TIMOTHY PAUL  
Address: 4201 VINELAND ROAD  
City-St-Zip: ORLANDO, FL 32811

Title: MGR  
Name: GEHRKE, SCOTT  
Address: 4201 VINELAND ROAD  
City-St-Zip: ORLANDO, FL 32811

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: SHANE D LOCKE

MGR

02/12/2012

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