

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006949

Entity Name: BIOLIFE, L.L.C.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

1235 TALLEVAST ROAD
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

1235 TALLEVAST ROAD
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-0959147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, DOUGLAS R
1235 TALLEVAST ROAD
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

SLINGLUFF, MICHELE A
1235 TALLEVAST ROAD
SARASOTA, FL 34243 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: MICHELE SLINGLUFF

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ENTENMAN, CHARLES
Address: P.O. BOX 612
City-St-Zip: BRIGHTWATERS, NY 11718

Title: MGRM () Delete
Name: THOMPSON, JOHN
Address: P.O. BOX 612
City-St-Zip: BRIGHTWATERS, NY 11718

Title: MGRM () Delete
Name: GOODMAN, DOUGLAS R
Address: 1235 TALLEVAST ROAD
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SHAKE, SAMUEL
Address: 1235 TALLEVAST ROAD
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SAM SHAKE

MGR

03/31/2009

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