

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

6/15

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000002816

1. Entity Name
BIOSAFE SYSTEMS, LLC



Principal Place of Business
36 COMMERCE STREET
GLASTONBURY, CT 06033

Mailing Address
36 COMMERCE STREET
GLASTONBURY, CT 06033

DO NOT WRITE IN THIS SPACE



01092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
06-1520822

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANSEN, LUIS
11105 SW 157 TERRACE
MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAROSE, ROBERT
STREET ADDRESS	36 COMMERCE STREET
CITY - ST - ZIP	GLASTONBURY, CT 06033
TITLE	MGRM
NAME	LAROSE, RENE
STREET ADDRESS	36 COMMERCE STREET
CITY - ST - ZIP	GLASTONBURY, CT 06033
TITLE	MGRM
NAME	CONSULIER ENGINEERING, INC.
STREET ADDRESS	2391 OLD DIXIE HWY
CITY - ST - ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/02/04-80012-008 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #