2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000002816

1. Entity Name
BIOSAFE SYSTEMS, LLC

Principal Place of Business	Mailing Address
36 COMMERCE STREET GLASTONBURY, CT 06033	36 COMMERCE STREET GLASTONBURY, CT 06033

01032006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/06-80017-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Daniel T. Renie, Controller 1/3/06 860-657-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #