

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003976

FILED
Apr 16, 2009
Secretary of State

Entity Name: RADIATION DECONTAMINATION SOLUTIONS, LLC

Current Principal Place of Business:

141 STEVENS AVE.
SUITE # 9
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

141 STEVENS AVE.
SUITE # 9
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 20-3088172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRELLI, RICHARD
141 STEVENS AVENUE
9
OLDSMAR, FL 34677 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 () Delete
Name: FERRELL, RICHARD
Address: 141 STEVENS AVENUE, SUITE # 9
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: M&S BRACHYTHERAPY, LLC
Address: 141 STEVENS AVENUE STE. # 9
City-St-Zip: OLDSMAR, FL 34677

Title: MGR () Delete
Name: SCHMIDT, BRUNO
Address: 141 STEVENS AVENUE, STE. # 9
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: SCHMIDT, BRUNO
Address: 141 STEVENS AVENUE, STE. # 9
City-St-Zip: OLDSMAR, FL 34677

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: BRUNO J. SCHMIDT

PRES

04/16/2009

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