

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000438

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: COVALENT SCIENTIFIC INDUSTRIES LLC

## Current Principal Place of Business:

917 S.W. 17TH STREET  
FT. LAUDERDALE, FL 33315

## New Principal Place of Business:

590 LAKE CAROLYN CIRCLE  
LAKELAND, FL 33813

## Current Mailing Address:

917 S.W. 17TH STREET  
FT. LAUDERDALE, FL 33315

## New Mailing Address:

4798 S. FLORIDA AVENUE  
PMB 172  
LAKELAND, FL 33315

FEI Number: 20-4177082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: ALLEBACH, JEDD  
Address: 917 S.W. 17TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ALLEBACH, JEDD  
Address: 590 LAKE CAROLYN CIRCLE  
City-St-Zip: LAKELAND, FL 33813 US

Title: MGRM ( ) Change (X) Addition  
Name: VANNAIS, DAVID  
Address: 917 SW 17TH ST  
City-St-Zip: FT LAUDERDALE, FL 33315 US

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: JEDD ALLEBACH

MGRM

04/26/2007

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