

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000005656

1. Entity Name
CSI GENETICS, L.L.C.



Principal Place of Business

11525 PARK WOODS CIRCLE STE 201
ALPHARETTA, GA 30005-2422

Mailing Address

11525 PARK WOODS CIRCLE STE 201
ALPHARETTA, GA 30005-2422

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5037707

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILDER, DONALD A
6805 GULF DRIVE
PANAMA CITY BEACH, FL 32408

**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 _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GHAFARY, RON
STREET ADDRESS	11525 PARK WOODS CIRCLE STE 201
CITY - ST - ZIP	ALPHARETTA, GA 300052422

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IN THIS SPACE**

U000000959886
09/18/08-80004-008 543.75

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: _____

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

Date

Daytime Phone #

9-16-08