

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000001676

Entity Name: REAL-TIME LABORATORIES, LLC

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

990 SOUTH RODGERS CIRCLE #5  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

990 SOUTH ROGERS CIRCLE #5  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

990 SOUTH RODGERS CIRCLE #5  
BOCA RATON, FL 33487 US

**New Mailing Address:**

990 SOUTH ROGERS CIRCLE #5  
BOCA RATON, FL 33487 US

FEI Number: 65-0923094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNABE, ROBERT  
990 SOUTH RODGERS CIRCLE #5  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

KNABE, ROBERT  
990 SOUTH ROGERS CIRCLE #5  
BOCA RATON, FL 33487 US

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: ROBERT KNABE

03/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CBOD  
Name: NIR, AMIR  
Address: 990 SOUTH ROGERS CIRCLE #5  
City-St-Zip: BOCA RATON, FL 33487 US

Title: SECT  
Name: FRIEDMANN, YOAV  
Address: 990 SOUTH ROGERS CIRCLE #5  
City-St-Zip: BOCA RATON, FL 33487 US

I hereby 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: ROBERT KNABE

MGR

03/03/2010

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