

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000808

**Entity Name:** ALTERNATIVE REAGENT SOURCE, LLC

**Current Principal Place of Business:**

15911 SEDGEWYCK CIRCLE NORTH  
DAVIE, FL 33331

**Current Mailing Address:**

15911 SEDGEWYCK CIRCLE NORTH  
DAVIE, FL 33331

**FEI Number:** 65-1067803

**Certificate of Status Desired:** No

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

GREENBERG TRAUIG  
ATTN: STEPHEN MENDELSON  
5100 TOWN CENTER CIR., SUITE 400  
BOCA RATON, FL 33486 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name LAVAN, ELLEN  
Address 15911 SEDGEWYCK CIRCLE NORTH  
City-State-Zip: DAVIE FL 33331

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELLEN LAVAN

**MANAGER**

**02/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date