

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000129586

**Entity Name:** US LABORATORIES LLC

**Current Principal Place of Business:**

3411 N POWERLINE ROAD  
705  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

3411 N POWERLINE ROAD  
705  
FT. LAUDERDALE, FL 33309 US

**FEI Number:** 46-3652148

**Certificate of Status Desired:** No

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

JOHNSTON, RYAN  
3411 NORTH POWERLINE RD  
SUITE 705  
FT. LAUDERDALE, FL 33309 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            PRES  
Name            JOHNSTON, RYAN  
Address        3411 N POWERLINE ROAD SUITE 705  
  
City-State-Zip: FT. LAUDERDALE FL 33309

Title            SEC  
Name            HICKEY, DIANE  
Address        3411 N POWERLINE ROAD SUITE 705  
  
City-State-Zip: FT. LAUDERDALE FL 33309

Title            VP  
Name            HICKEY, DIANE L  
Address        3411 N POWERLINE ROAD SUITE 705  
  
City-State-Zip: FT. LAUDERDALE FL 33309

*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:** RYAN JOHNSTON

**PRESIDENT**

**01/12/2015**

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

\_\_\_\_\_  
Date