

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000141848

Entity Name: ALGAURIXIN LABS, LLC

Current Principal Place of Business:

5903 FAIRYHOUSE LN.
TAMPA, FL 33610

Current Mailing Address:

5903 FAIRYHOUSE LN.
TAMPA, FL 33610 US

FEI Number: 47-4933308

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASOOD, ADNAN
5903 FAIRYHOUSE LN.
TAMPA, FL 33610 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 AMBR
Name MASOOD, ADNAN
Address 5903 FAIRYHOUSE LN.
City-State-Zip: TAMPA FL 33610

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: ADNAN MASOOD

AMBR

04/22/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date