

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000166728

Entity Name: BIOTRINETIX**Current Principal Place of Business:**1020 HOLLAND DR STE 115
BOCA RATON, FL 33487**Current Mailing Address:**1020 HOLLAND DR STE 115
BOCA RATON, FL 33487 US**FEI Number:** 47-5196198**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLUM, JAMES M
2105 LAVERS CIRCLE
APT 510
DELRAY BEACH, FL 33444 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	BLUM, JAMES M
Address	2105 LAVERS CIRCLE APT 510
City-State-Zip:	DELRAY BEACH FL 33444

Title	MGR
Name	DISNEY, LYNN D
Address	5005 CARYN COURT APT 301
City-State-Zip:	ALEXANDRA VA 22312

Title	MGR
Name	B & C FAMILY PARTNERS, LLC
Address	2911 BANYAN BLVD., CIR NW
City-State-Zip:	BOCA RATON FL 33431

Title	MANAGER
Name	VIANA, SEBASTIAN
Address	12120 NW 5TH COURT
City-State-Zip:	PLANTATION FL 33325

Title	MANAGER
Name	MADRAMOOTOO, PAULINE
Address	8350 SANDS POINT BLVD APT E109
City-State-Zip:	TAMARAC FL 33321

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: JAMES M. BLUM**REGISTERED AGENT****02/12/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date