

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000211296

**Entity Name:** ATHOSLAB LLC

**Current Principal Place of Business:**

1111 BRICKELL BAY DR #3102  
3102  
MIAMI, FL 33131

**Current Mailing Address:**

1111 BRICKELL BAY DR #3102  
3102  
MIAMI, FL 33131 US

**FEI Number:** 81-2453780

**Certificate of Status Desired:** No

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

VASILIU-FELTES, INGRID  
1111 BRICKELL BAY DRIVE  
3102  
MIAMI, FL 33131 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            | GIUMA, JAMEL               |
| Address         | 2623 SW, 18TH STREET       |
| City-State-Zip: | MIAMI FL 33145             |
| Title           | MGR                        |
| Name            | VASILIU FELTES, INGRID     |
| Address         | 1111 BRICKELL BAY DR #3102 |
| City-State-Zip: | MIAMI FL 33131             |

|                 |                   |
|-----------------|-------------------|
| Title           | MGR               |
| Name            | SABALA, EDISON    |
| Address         | 2451 BRICKELL AVE |
| City-State-Zip: | MIAMI FL 33129    |

*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:** INGRID VASILIU FELTES

**MANAGER**

**04/29/2016**

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

\_\_\_\_\_  
Date