

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000099843

**Entity Name:** ACS LABORATORY, LLC**Current Principal Place of Business:**2424 N. FEDERAL HWY.  
SUITE 455  
BOCA RATON, FL 33431**Current Mailing Address:**2424 N. FEDERAL HWY.  
SUITE 455  
BOCA RATON, FL 33431 US**FEI Number:** 83-4467069**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAREN B. SCHAPIRA, PLLC  
4780 NORTH HIATUS ROAD  
SUNRISE, FL 33351 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	BROWN, ROGER
Address	2424 N. FEDERAL HWY. SUITE 455
City-State-Zip:	BOCA RATON FL 33431

Title	MGR
Name	ARTZE, BRIAN
Address	2424 N. FEDERAL HWY. SUITE 455
City-State-Zip:	BOCA RATON FL 33431

Title	CFO
Name	WINTERS, JERRY
Address	2424 N. FEDERAL HWY. SUITE 455
City-State-Zip:	BOCA RATON FL 33431

*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:** JERRY WINTERS

CFO

01/21/2021

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