

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000002436

**Entity Name:** BIOCERNA LLC

**Current Principal Place of Business:**

401 PROFESSIONAL DR.  
SUITE 220  
GAITHERSBURG, MD 20879

**Current Mailing Address:**

401 PROFESSIONAL DR.  
SUITE 220  
GAITHERSBURG, MD 20879

**FEI Number:** 45-5492017

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC.  
3030 N ROCKY POINT DR.  
SUITE 150A  
TAMPA, FL 33607 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 MBR  
Name SANDERS, CHRISTOPHER  
Address 401 PROFESSIONAL DR, STE. 220  
City-State-Zip: GAITHERSBURG MD 20879

*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:** CHRISTOPHER L SANDERS

**CEO**

**03/02/2016**

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

\_\_\_\_\_  
Date