

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000404584

**Entity Name:** DIAGNOSTIC BIOSCIENCE LABORATORIES LLC

**Current Principal Place of Business:**

5339 W LAKE BUTLER RD  
WINDERMERE, FL 34786

**Current Mailing Address:**

5339 W LAKE BUTLER RD  
WINDERMERE, FL 34786

**FEI Number:** 93-2806218

**Certificate of Status Desired:** Yes

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

THOMAS, DENNIS  
8200 113TH ST  
SEMINOLE, FL 33772 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 HAWKINS, NATHAN A  
Address 5339 W LAKE BUTLER RD  
City-State-Zip: WINDERMERE FL 34786

*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:** NATHAN A HAWKINS

AMBR

03/21/2024

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

\_\_\_\_\_  
Date