

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000025765

Entity Name: CPAP HERO LLC

Current Principal Place of Business:

7901 KINGSPONTE PARKWAY, STE. 19
ORLANDO, FL 32819

Current Mailing Address:

7901 KINGSPONTE PARKWAY, STE. 19
ORLANDO, FL 32819 US

FEI Number: 46-2076520

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON ACCOUNTING & CONSULTING SERVICES
8615 COMMODITY CIRCLE
SUITE 06
ORLANDO, FL 32819 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 AUTHORIZED MEMBER
Name DE MOURA, TIAGO P
Address 8615 COMMODITY CIRCLE SUITE 06
City-State-Zip: ORLANDO FL 32819

Title AUTHORIZED MEMBER
Name GRADISCHER, RICARDO D
Address 8615 COMMODITY CIRCLE SUITE 06
City-State-Zip: ORLANDO FL 32819

Title MANAGER
Name ANDRADE, GUSTAVO DANZI DE
Address 11487 SUNDANCE LN
City-State-Zip: BOCA RATON FL 33428

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: DE MOURA , TIAGO P

AUTHORIZED MEMBER

05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date