

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000003383

Entity Name: HEALTHY LIVING HOME MEDICAL LLC

Current Principal Place of Business:

26220 ENTERPRISE CT
LAKE FOREST, CA 92630

Current Mailing Address:

26220 ENTERPRISE CT
LAKE FOREST, CA 92630 US

FEI Number: 36-4889962

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 SOLE MBR
Name CPAP SLEEP STORE LLC
Address 26220 ENTERPRISE CT
City-State-Zip: LAKE FOREST CA 92630

Title EVP, CFO
Name MORRIS, DEBRA L
Address 26220 ENTERPRISE CT
City-State-Zip: LAKE FOREST CA 92630

Title P
Name BAIKIE, JOHN T
Address 26220 ENTERPRISE CT
City-State-Zip: LAKE FOREST CA 92630

Title EVP, GC SEC
Name SMYTH, RAOUL
Address 26220 ENTERPRISE CT
City-State-Zip: LAKE FOREST CA 92630

Title DIRECTOR
Name STARCK, DANIEL J.
Address 26220 ENTERPRISE CT
City-State-Zip: LAKE FOREST CA 92630

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: RAOUL SMYTH

EVP

04/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date