

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000017497

Entity Name
RESPIRATORY CARE, L.L.C.



Principal Place of Business

1804 E. GARY RD
LAKELAND, FL 33801

Mailing Address

1804 E. GARY RD
LAKELAND, FL 33801



01162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3755736

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DURRWACHTER, VERONICA A
1604 CRYSTAL LAKE DR
LAKELAND, FL 33801

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

See below, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

000000338472
01/30/06-80095-020 50.00

MANAGING MEMBERS/MANAGERS

NAME	MGRM
NAME	DURRWACHTER, VERONICA
STREET ADDRESS	1604 CRYSTAL LAKE DR
CITY ST ZIP	LAKELAND, FL 33801
NAME	
NAME	
STREET ADDRESS	
CITY ST ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY ST ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY ST ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: *Veronica A. Durwachter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/14/06 863-682-8574
Date Daytime Phone