

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005359

FILED
Apr 30, 2008
Secretary of State

Entity Name: CUSTOM COMFORT MEDTEK LLC

Current Principal Place of Business:

3939 FORSYTHE RD
STE A
WINTER PARK, FL 32792

Current Mailing Address:

P.O BOX 4779
WINTER PARK, FL 32792

New Principal Place of Business:

3939 FORSYTH RD
STE A
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 01-0657632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GAUGHN, PETER
Address: 3939 FORSYTH RD STE A
City-St-Zip: WINTER PARK, FL 32792

Title: VP () Delete
Name: PATTON, DOUG D
Address: 3939 FORSYTH RD STA A
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PETER GAUGHN

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date