

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005359

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: CUSTOM COMFORT MEDTEK LLC

**Current Principal Place of Business:**

3939 FORSYTH RD  
STE A  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 4779  
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

06/25/2009

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