

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 24, 2006 08:00 A
Secretary of State

DOCUMENT # L03000021475

1. Entity Name
SCHAFFER MEDICAL DESIGN, LLC



Principal Place of Business

**10071 SUNSET STRIP
SUNRISE, FL 33322**

Mailing Address

**10071 SUNSET STRIP
SUNRISE, FL 33322**



08212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0114009

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHAFFER, MICHAEL
10071 SUNSET STRIP
SUNRISE, FL 33322**

**DO NOT WRITE
IN THIS SPACE**

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SCHAFFER, MICHAEL
STREET ADDRESS	10071 SUNSET STRIP
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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08/24/06-80006-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 608, Florida Statutes.

SIGNATURE: _____

Michael Schaffer

8-21-06

954 742 4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #