

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT-**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000021653

1. Entity Name
**BETTERLIFE RESPIRATORY AND MEDICAL SUPPLY,
LLC**



Principal Place of Business
**4110 ENTERPRISE AVENUE
SUITE 213
NAPLES, FL 34104**

Mailing Address
**4110 ENTERPRISE AVENUE
SUITE 213
NAPLES, FL 34104**



01252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1682225

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HINTON, JON A
179 COPPERFIELD COURT
MARCO ISLAND, FL 34145**

**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 May 1, 2005**

**000000218858
02/08/05-80004-013 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HINTON, JON A
179 COPPERFIELD COURT
MARCO ISLAND, FL 34145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HINTON, ANGELA J
P.O. BOX 74
SPRINGTOWN, PA 18081**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HINTON, CHRISTOPHER J
179 COOPERFIELD COURT
MARCO ISLAND, FL 34145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

01.25.05

Date

239.430.2220

Daytime Phone #