

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021653

FILED
Feb 24, 2009
Secretary of State

Entity Name: BETTERLIFE RESPIRATORY AND MEDICAL SUPPLY, LLC

Current Principal Place of Business:

3845 BECK BLVD
SUITE 807
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

3845 BECK BLVD
SUITE 807
NAPLES, FL 34114

New Mailing Address:

FEI Number: 16-1682225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HINTON, JON A
179 COPPERFIELD COURT
MARCO ISLAND, FL 34145 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: MGRM () Delete
Name: HINTON, JON A
Address: 179 COPPERFIELD COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR () Delete
Name: HINTON, LAUREN M
Address: 17209 TRELIS ROAD
City-St-Zip: FORT MYERS, FL 33967

Title: MGR () Delete
Name: HINTON, ANGELA J
Address: 179 COPPERFIELD COURT
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES:

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

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: JON HINTON

PRES

02/24/2009

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