


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000029477</b> 1. Entity Name <b>AIRWAY RESPIRATORY SOLUTIONS, LLC</b>	
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Principal Place of Business <b>910 N SINCLAIR AVE TAVARES, FL 32778 US</b>	Mailing Address <b>910 N SINCLAIR AVE TAVARES, FL 32778 US</b>
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**DO NOT WRITE IN THIS SPACE**



05022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-0210781</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BOONE, CHARLES B  
2850 CABIN WAY LANE  
MOUNT DORA, FL 32757**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

000000761081  
05/25/07-80041-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOONE, CHARLES 18950 US HWY 441 PMB #103 MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIEBOLD, HANS PO BOX 1814 MT. DORA, FL 32756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOONE, JANICE 18950 US HWY 441 PMB 103 MT. DORA, FL 32757
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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:**  **4-30-07 (352) 343-3006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #