

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029477

FILED
Apr 28, 2009
Secretary of State

Entity Name: AIRWAY RESPIRATORY SOLUTIONS, LLC

Current Principal Place of Business:

905 E ALFRED ST.
TAVARES, FL 327783401 US

New Principal Place of Business:

Current Mailing Address:

905 E ALFRED ST.
TAVARES, FL 327783401 US

New Mailing Address:

FEI Number: 20-0210781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOONE, CHARLES B
2850 CABIN WAY LANE
MOUNT DORA, FL 32757 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: BOONE, CHARLES
Address: 2850 CABIN WAY LANE
City-St-Zip: MT. DORA, FL 32757 US

Title: MGRM () Delete
Name: SCHIEBOLD, HANS
Address: 428 N. DONNELLY STREET, SUITE 2
City-St-Zip: MT. DORA, FL 32757 US

Title: MGRM () Delete
Name: BOONE, JANICE
Address: 2850 CABIN WAY LANE
City-St-Zip: MT. DORA, FL 32757 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOONE, CHARLES B
Address: 2850 CABIN WAY LANE
City-St-Zip: MT. DORA, FL 32757 US

Title: MGRM (X) Change () Addition
Name: SOBKOWSKI, MICHAEL
Address: 33923 SABAL WAY
City-St-Zip: LEESBURG, FL 34788 US

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

Title: MGRM () Change (X) Addition
Name: DOMINGUS, JANET
Address: 15115 COLLEY DRIVE
City-St-Zip: TAVARES, FL 32778 US

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: CHARLES B. BOONE

MGRM

04/28/2009

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