

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038968

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: HEALTHY AIR SOLUTIONS, LLC

**Current Principal Place of Business:**

1804 BAYVEIW DR  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1266  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

FEI Number: 20-1050612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLANT, IAN A  
103 MARINERS DR  
ORMOND BEACH, FL 32176 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: KOKIN, RICHARD E  
Address: P.O. BOX 1266  
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MGR ( ) Delete  
Name: GALLANT, IAN A  
Address: P.O. BOX 1266  
City-St-Zip: NEW SMYRNA BEACH, FL 32170

**ADDITIONS/CHANGES:**

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 for the exemption stated in Section 119.07(3)(i), 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: IAN A GALLANT

MGR

04/27/2004

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