

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 08:00 A
Secretary of State

DOCUMENT # L03000047876

1. Entity Name
RASPBERRY MEDICAL SOLUTIONS, LLC



Principal Place of Business
2814 SOUTH BAY STREET
EUSTIS, FL 32726

Mailing Address
2814 SOUTH BAY STREET
EUSTIS, FL 32726



05012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0099696

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALMOND, CRAIG A
4050 DORA WOOD DRIVE
MT. 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 _____

Signature, typed or printed name of registered agent and (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SALMOND, CRAIG A
4050 DORA WOOD DRIVE
EUSTIS, FL 32757

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

000000563201
05/20/06-80001-018 50.00

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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: _____

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

Date

Daytime Phone #

Craig Salmond, Pres *Craig Salmond, Pres* 4-30-06 352-589-8003