2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State
07-15-2004 90049 003 ****50.00

DOCUMENT # L03000048732

1. Entity Name
BANDAGES DIRECT, LLC

Principal Place of Business	Mailing Address
PO BOX 1884 HALLANDALE BEACH, FL 33008 US	PO BOX 1884 HALLANDALE BEACH, FL 33008 US

07082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-2682247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, PAMELA
7572 ANDORRA PLACE
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	COHEN, PAMELA	
STREET ADDRESS	7572 ANDORRA PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	MGR	☐ Delete
NAME	HUMEN, SUZANNE	
STREET ADDRESS	800 PARKVIEW DR. #522	
CITY-ST-ZIP	HALLENDALE BEACH, FL 33009	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Suzanne H[signature] 7/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
140256 98

Bandages Direct LLC
PO Box 1884
Hallandale Beach, Florida 33008

July 8, 2004

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Re: 2004 Annual Report
Document # L03000048732

Gentlemen:

Enclosed please find my check for $50.00 for my 2004 annual report. Please be advised that I (or anybody in my office) never received the initial annual report that should have been sent to my offices during January 2004. If you have any questions, please do not hesitate to contact me.

Sincerely

Suzanne Humen