

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000017617

1. Entity Name
LIFESYS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 AM 9:59

Principal Place of Business
2701 W. OAKLAND PARK BLVD.
SUITE 400
FT. LAUDERDALE, FL 33311 US

Mailing Address
2701 W. OAKLAND PARK BLVD.
SUITE 400
FT. LAUDERDALE, FL 33311 US



2. Principal Place of Business
Suite, Apt. #, etc.
24 N.E. 24th Ave
City & State
Pompano Beach, FL
Zip
33062 Country
Browards

3. Mailing Address
Suite, Apt. #, etc.
24 N.E. 24th Ave
City & State
Pompano Beach, FL
Zip
33062 Country
Browards

02232005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0818015

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PLATNER, MICHAEL
2701 W. OAKLAND PARK BLVD.
SUITE 400
FT. LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
24 N.E. 24th Ave
City
Pompano Beach FL Zip Code
33062

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 **X** (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))
DATE **4/4/05**

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Michael G. Platner 24 NE 24 Ave Pompano Beach FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X (Signature and typed or printed name of signing managing member, manager, or authorized representative)
Date **4/4/05** 954-739-5422
Daytime Phone #