2007 AR

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04000086486

1. Entity Name

Vital Sign Asscessories LLC

FILED

07 SEP 20 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

BK

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2. Principal Place of Business	3. Mailing Address
25330 Bernwood Drive	25330 Bernwood Drive
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34135 Country: US	Zip: 34135 Country: US

4. FEI Number: 20-3247935 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive, Suite 4

City: Weston FL Zip Code: 33331

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 ______________________ Date ______

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
MGRM - William K. Douglas 25292 Galashiels Circle Bonita Springs, FL 34142	
MGRM - William Heckenstaler 25730 Lake Amelia Way Bonita Springs, FL 34135	

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09/25/07--01027--023 **50.00

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CR2E083E (12/02)

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: Robert T. Lincoln Robert T. Lincoln, Auth. Rep 9/20/07 (212) 682-8811

Signature and typed or printed name of signing managing member, manager or authorized representative — Date — Daytime Phone #