

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005614

FILED
Apr 25, 2009
Secretary of State

Entity Name: BREATHEZ, LLC

Current Principal Place of Business:

4111 S.W. 47TH AVENUE
SUITE 307
DAVIE, FL 33314

Current Mailing Address:

4100 N. 58TH AVE. #309
HOLLYWOOD, FL 33021

New Principal Place of Business:

4100 N 58TH AVE
SUITE 309
HOLLYWOOD, FL 33021

New Mailing Address:

4100 N 58TH AVE
SUITE 309
HOLLYWOOD, FL 33021

FEI Number: 01-0832199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOGERMAN, RICHARD M ESQ
150 SOUTH PINE ISLAND ROAD
SUITE 330
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MOGERMAN, RICHARD M ESQ
8211 W. BROWARD BLVD.
SUITE 200
PLANTATION, FL 33324 US

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:

04/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOGERMAN, MICHAEL R
Address: 4111 S.W. 47TH AVENUE, SUITE 307
City-St-Zip: DAVIE, FL 33314

Title: MGRM () Delete
Name: DELRAY, JORGE
Address: 12471 NW 3RD ST. D1
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOGERMAN, MICHAEL R MICHAEL
Address: 4100 N 58TH AVE #309
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL MOGERMAN

MGRM

04/25/2009

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