

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009584

FILED
Apr 29, 2006
Secretary of State

Entity Name: BETTER DAYZ MEDICAL SUPPLY LLC

Current Principal Place of Business:

8898 NW 112 ST
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

8898 NW 112 ST
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARTIN, PEREZ
1635 W 44PL
APT 210
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUARDO, CABRERA
Address: 8898 N.W. 112ST
City-St-Zip: HIALEAH GARDENS, FL 33018 FL

Title: MGRM () Delete
Name: MARTIN, PEREZ E
Address: 1635 W 44PL
City-St-Zip: HIALEAH GARDENS, FL 33012 FL

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LUARDO CABRERA MGRM 04/29/2006

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