## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000015711

Entity Name: EXCEL RESPIRATORY SOLUTIONS, LLC

FILED Jan 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

334 THIRD ST. N. W. WINTER HAVEN, FL 33881

**Current Mailing Address: New Mailing Address:** 

334 THIRD STREET NW 334 THIRD ST. N. W. WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881

FEI Number: 20-2676283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAGMAN, MARK HAGMAN, MARK 2070 KATIE CT. 334 3RD ST. NW

WINTER HAVEN, FL 33884 US WINTER HAVEN, FL 33884 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: 01/15/2009

> Electronic Signature of Registered Agent Date

> > ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

**PRES** () Delete Title: **PRES** (X) Change ( ) Addition

HAGMAN, MARK HAGMAN, MARK Name: Name: Address: 2070 KATIE CT. Address: 334 3RD ST. NW

City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33881

Title: Title: ( ) Change (X) Addition () Delete

Name: Name: HAGMAN, ELVIRA Address: Address: 334 3RD ST NW

WINTER HAVEN, FL 33881 City-St-Zip: 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: MARK HAGMAN **PRES** 01/15/2009