# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
08 JUN 25 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000103092

1. Entity Name
MED READY SYSTEMS, LLC

Principal Place of Business
43 GREENLIN VILLA ROAD
CRAWFORDVILLE, FL 32327

Mailing Address
43 GREENLIN VILLA ROAD
CRAWFORDVILLE, FL 32327

06112008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
1085 Unit 1 Sopchoppy Hwy.
Suite, Apt. #, etc.
City & State
Sopchoppy, FL
Zip 32358
Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 75-3255951
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FRANKLIN, FREDDIE L SR.
43 GREENLIN VILLA ROAD
CRAWFORDVILLE, FL 32327
☑ Delete

7. Name and Address of New Registered Agent
Name William Barnhart
Street Address (P.O. Box Number is Not Acceptable) 10690 Versailles Blvd
City Wellington, FL FL Zip Code 33467

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 William E Barnhart 06/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is $50.00** BK **Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FRANKLIN, HELEN<br>43 GREENLIN VILLA ROAD<br>CRAWFORDVILLE, FL 32327<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>06/26/08--01001--012 **10.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Brown, Rita<br>5578 Pedrick Plantation Circle<br>Tallahassee, FL 32317<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>20013171242 2<br>06/26/08--01001--013 **50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Helen Franklin 06/11/08 $50 926-7302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

RA 5/8h.