

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029517

FILED
Feb 27, 2008
Secretary of State

Entity Name: A BREATH OF FRESH AIR, LLC

Current Principal Place of Business:

6240 S.W. 118TH TERRACE
PINECREST, FL 33156

New Principal Place of Business:

1111 CRANDON BLVD
C501
KEY BISCAYNE, FL 33149 US

Current Mailing Address:

6240 S.W. 118TH TERRACE
PINECREST, FL 33156

New Mailing Address:

1111 CRANDON BLVD
C501
KEY BISCAYNE, FL 33149 US

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

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146 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: MGR () Delete
Name: HAFNER, AMY C
Address: 6240 S.W. 118TH TERRACE
City-St-Zip: PINECREST, FL 33156 US

Title: MGR () Delete
Name: HAFNER, NICHOLAS D
Address: 6240 S.W. 118TH TERRACE
City-St-Zip: PINECREST, FL 33156 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAFNER, AMY C
Address: 1111 CRANDON BLVD
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGR (X) Change () Addition
Name: HAFNER, NICHOLAS D
Address: 1111 CRANDON BLVD
City-St-Zip: KEY BISCAYNE, FL 33149 US

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: NICHOLAS D HAFNER MGR 02/27/2008

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