

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90050 006 ***138.75

DOCUMENT # L06000051826

1. Entity Name
EMERGENCY MEDICAL DEVICES, LLC



Principal Place of Business
**P.O. BOX 367
LOXAHATCHEE, FL 33470**

Mailing Address
**P.O. BOX 367
LOXAHATCHEE, FL 33470**

60030440



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-5475397

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOLSKI, STEPHEN J JR.
CATLIN SAXON EVANS FINK KOLSKI & ROMANEZ
2600 DOUGLAS ROAD, SUITE 1109
CORAL GABLES, FL 33134**

Name **JACK MENTKOW**
Street Address (P.O. Box Number is Not Acceptable)
1875 TULIP LN
City **WELLINGTON** FL Zip Code **33414**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MENTKOW, JACK
1875 TULIP LANE
WELLINGTON, FL 33414** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MENTKOW, LISA
1875 TULIP LANE
WELLINGTON, FL 33414** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

LISA MENTKOW

Date

Daytime Phone #

4/24/08 501-793-9723