

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017878

Entity Name: MYO-BREATHE, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

7060 NW 24 CT  
SUNRISE, FL 33313

**New Principal Place of Business:**

16689 HEMINGWAY DR.  
WESTON, FL 33326

**Current Mailing Address:**

PO BOX 291874  
DAVIE, FL 33329

**New Mailing Address:**

16689 HEMINGWAY DR.  
WESTON, FL 33326

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

GORDON, JERMAINE  
7060 NW 24 CT  
SUNRISE, FL 33313 US

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

GORDON, JERMAINE  
16689 HEMINGWAY DR  
WESTON, FL 33326 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: JERMAINE GORDON

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AQUILINO, VINCENT  
Address: 9175 NW 43 RD CT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM ( ) Delete  
Name: GORDON, JERMAINE  
Address: 7060 NW 24 TH CT  
City-St-Zip: SUNRISE, FL 33313

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: GORDON, JERMAINE  
Address: 16689 HEMINGWAY DR  
City-St-Zip: WESTON, FL 33326

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: JERMAINE GORDON

MGRM

04/30/2008

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