

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111915

Entity Name: GSE MEDICAL, LLC

FILED
Jul 07, 2008
Secretary of State

Current Principal Place of Business:

275 MURCIA DRIVE
SUITE 107
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

275 MURCIA DRIVE
SUITE 107
JUPITER, FL 33458

New Mailing Address:

FEI Number: 30-0482500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DESSER, EDWARD D
275 MURCIA DRIVE
SUITE 107
JUPITER, FL 33458 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MUNSON, GAVIN
Address: 1040 SEMINOLE DRIVE
City-St-Zip: FT LAUDERDALE, FL 33304 US

Title: MGRM () Delete
Name: CASORIA, SIMON
Address: 1040 SEMINOLE DRIVE
City-St-Zip: FT LAUDERDALE, FL 33304 US

Title: MGRM () Delete
Name: DESSER, EDWARD
Address: 275 MURCIA DRIVE
City-St-Zip: JUPITER, FL 33458 US

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
Name:
Address:
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: EDWARD DESSER

MGRM

07/07/2008

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