

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118681

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: RESMED NUTRACEUTICALS, LLC

**Current Principal Place of Business:**

569 COMMONWEALTH LANE  
SARASOTA, FL 34242 US

**New Principal Place of Business:**

**Current Mailing Address:**

569 COMMONWEALTH LANE  
SARASOTA, FL 34242 US

**New Mailing Address:**

FEI Number: 26-1486758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MYERS, TROY H JR.  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 US

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

LAFRANCE, DAVID A  
569 COMMONWEALTH LANE  
SARASOTA, FL 34242 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: DAVID A, LAFRANCE

04/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAFRANCE, DAVID  
Address: 569 COMMONWEALTH LANE  
City-St-Zip: SARASOTA, FL 34242 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LAFRANCE, DAVID A  
Address: 569 COMMONWEALTH LANE  
City-St-Zip: SARASOTA, FL 34242 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: DAVID A. LAFRANCE

MGR

04/11/2008

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