## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021611

Entity Name: CPAP SLEEP SHOP, LLC

FILED Jan 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1625 RENAISSANCE COMMONS BLVD, UNIT 415 1625 RENAISSANCE COMMONS BLVD

BOYNTON BEACH, FL 33426 **UNIT #415** 

BOYNTON BEACH, FL 33426

**Current Mailing Address: New Mailing Address:** 

1035 GATEWAY BLVD 201-301 1035 GATEWAY BLVD BOYNTON BEACH, FL 33426

# 201-301

BOYNTON BEACH, FL 33426

FEI Number: 26-2004119 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ISAACS, HOWARD ISAACS, HOWARD

1625 RÉNAISSANCE COMMONS BLVD., UNIT #415 1625 RENAISSANCE COMMONS BLVD UNIT # 415

BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 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: 01/13/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete

ISAACS, HOWARD ISAACS, HOWARD Name: Name:

Address: 1625 RENAISSANCE COMMONS BLVD, UNIT 415 Address: 1625 RENAISSANCE COMMONS BLVD UNIT # 415

City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: BOYNTON BEACH, FL 33426

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: HOWARD ISAACS **MGRM** 01/13/2009