

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000113813

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** COMFORT LIFE MEDICAL SUPPLIES, LLC

**Current Principal Place of Business:**

2900 WEST SAMPLE ROAD  
ST 170  
POMPAÑO BEACH, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

706 N.E. 26TH AVENUE  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

**FEI Number:** 26-3888055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MIRRA KERN  
2900 WEST SAMPLE ROAD  
ST 170  
POMPAÑO BEACH, FL 33073 US

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

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:** MGR  
**Name:** KERN, MIRRA  
**Address:** 706 N.E. 26TH AVENUE  
**City-St-Zip:** HALLANDALE BEACH, FL 33009 US

**Title:** PRES  
**Name:** BRENER, ZAKHAR  
**Address:** 2435 E71 STREET  
**City-St-Zip:** BROOKLYN,, NY 112234

I hereby 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:** MIRRA KERN

MGR

01/11/2011

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