

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091642

Entity Name: ARMADA MEDICAL LLC

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

**Current Principal Place of Business:**

301 W. PLATT ST., STE 390  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

301 W. PLATT ST., STE 390  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 27-0980969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESTEP, MICHAEL  
2916 W GANDY BLVD  
D  
TAMPA, FL 33611 US

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

ESTEP, MICHAEL  
301 W. PLATT STREET  
SUITE 390  
TAMPA, FL 33606 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:

01/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ESTEP, MICHAEL  
Address: 301 W. PLATT ST., STE 390  
City-St-Zip: TAMPA, FL 33606

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: MICHAEL ESTEP

MGR

01/11/2011

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