

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000120798

Entity Name: COMFORT MEDICAL, LLC

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4248 N.W. 120TH AVENUE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

4248 N.W. 120TH AVENUE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 65-1120748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STOCKSDALE, TIMOTHY L  
4248 N.W. 120TH AVENUE  
CORAL SPRINGS, FL 33065 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: WALLACE, DAVID A  
Address: 4248 N.W. 120TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR  
Name: STOCKSDALE, TIMOTHY L  
Address: 4248 N.W. 120TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

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: TIMOTHY STOCKSDALE

MGR

01/20/2011

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