

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000031131

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

**Entity Name:** BREATHEATOR VEST SYSTEMS LLC

**Current Principal Place of Business:**

117 DOWNING STREET  
PANAMA CITY, FL 32413

**New Principal Place of Business:**

117 DOWNING STREET  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

117 DOWNING STREET  
PANAMA CITY, FL 32413

**New Mailing Address:**

117 DOWNING STREET  
PANAMA CITY BEACH, FL 32413

**FEI Number:** 45-4332700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COWGILL, DAVID E  
117 DOWNING STREET  
PANAMA CITY, FL 32413 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: COWGILL, DAVID E  
Address: 117 DOWNING STREET  
City-St-Zip: PANAMA CITY, FL 32413

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: DAVID E COWGILL

MGR

03/24/2012

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