

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001609

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** INNOVATIVE ENDOSCOPY COMPONENTS, L.L.C.

**Current Principal Place of Business:**

733-731 SHOTGUN ROAD  
FT LAUD, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

733 SHOTGUN RD  
FT LAUD, FL 33326

**New Mailing Address:**

**FEI Number:** 65-0901951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLUTSKY, STUART M  
2500 WESTON ROAD, SUITE 220  
WESTON, FL 33331 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:** GOIGITZER, GERALD  
**Address:** 1261 MANOR DRIVE SOUTH  
**City-St-Zip:** WESTON, FL 33326

**Title:** MGR  
**Name:** DORER, FRANK  
**Address:** AM LAIDHOELZLE 1 79367 WEISWEIL  
**City-St-Zip:** GERMANY, OC

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:** FRANCES GOIGITZER

EXEC

03/20/2012

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