

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004940

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** STEVENS PHARMACEUTICAL EQUIPMENT INDUSTRIES, L.L.C.

**Current Principal Place of Business:**

1007 NE 7TH TERRACE  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

1007 NE 7TH TERRACE  
UNIT 2  
CAPE CORAL, FL 33909

**Current Mailing Address:**

1007 NE 7TH TERRACE  
CAPE CORAL, FL 33909

**New Mailing Address:**

1007 NE 7TH TERRACE  
UNIT 2  
CAPE CORAL, FL 33909

**FEI Number:** 22-3676077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCLEAN, STEVEN  
115 SW 52ND TERRACE  
CAPE CORAL, FL 33914 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: MGRM  
Name: MCLEAN, STEVEN  
Address: 115 SW 52 TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

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: STEVE MCLEAN

MGRM

03/09/2011

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