

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004940

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

MCLEAN, STEVEN  
2842 SW 50TH TERRACE  
CAPE CORAL, FL 33914 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:

03/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCLEAN, STEVEN  
Address: 2842 SW 50TH 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: STEVEN MCLEAN

MGRM

03/21/2012

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