2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# M10000001949

Entity Name: SLEEP MANAGEMENT SOLUTIONS LLC

Current Principal Place of Business:

4500 MACCORKLE AVE SE
CHARLESTON, WV 25304

New Principal Place of Business:

Current Mailing Address:

4500 MACCORKLE AVE SE
CHARLESTON, WV 25304

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: GAFFNEY, TOM
Address: 15 KENNY ROBERTS MEMORIAL DRIVE
City-St-Zip: SUFFIELD, CT 06078 US

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 Statues.

SIGNATURE: TOM GAFFNEY MGR 04/22/2011

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