

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000083847

Entity Name: RESTORATIVE SLEEP SOLUTIONS, LLC

Current Principal Place of Business:

3630 MADACA LANE
TAMPA, FL 33618

Current Mailing Address:

3630 MADACA LANE
TAMPA, FL 33618

FEI Number: 45-2747895

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDINA, VIVIAN
3630 MADACA LANE
TAMPA, FL 33618 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name MEDINA, VIVIAN
Address 3630 MADACA LANE
City-State-Zip: TAMPA FL 33618

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VIVIAN MEDINA

OWNER

03/06/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date