

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90210 012 \*\*\*\*50.00

DOCUMENT # **L01000011638**

1. Entity Name

**Somnomedics, L.L.C.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3802 Enrich Rd**

Suite, Apt. #, etc.

**Suite 307**

City & State

**Tampa FL**

Zip

**33624**

Country

**USA**

3. Mailing Address

**3802 Enrich Rd**

Suite, Apt. #, etc.

**Suite 307**

City & State

**Tampa FL**

Zip

**33624**

Country

**USA**

**961138**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**89-3748808**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Edward Killmer**

Street Address (P.O. Box Number is Not Acceptable)

**3802 Enrich Rd**

**Suite 307**

City

**Tampa**

FL

Zip Code

**33624**

**DO NOT WRITE  
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

**4/29/02**  
DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MEM  
Edward Killmer  
3802 Enrich Rd Suite 307  
Tampa FL 33624**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)