

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007242

FILED
Mar 09, 2007
Secretary of State

Entity Name: SLEEP ASSOCIATES OF FLORIDA, L.L.C.

Current Principal Place of Business:

4508 MAYFLOWER DR
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4508 MAYFLOWER DR
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 75-3032570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURIAKOSE ABY
4508 MAYFLOWER DR
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

SAF
4508 MAYFLOWER DR
NEW PORT RICHEY, FL 34652 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: ABY KURIAKOSE

03/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KURIAKOSE, ABY
Address: 4508 MAYFLOWER DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAF,
Address: 4508 MAYFLOWER DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ABY KURIAKOSE

MR

03/09/2007

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