2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2003 8:00 am Secretary of State 05-01-2003 90184 046 ****50.00

DOCUMENT # L02000031161 1. Entity Name SLEEP DISORDERS OF AMERICA, LLC						05-01-2003	90184 046 ***	*50.00	
SLEEP D	ISOHUERS OF AMERICA, LLC	į							
Principal Place of Business		Mailing Address		1	a a 0		•		
676 WEST PROSPECT ROAD FORT LAUDERDALE FL 33309		676 WEST PROSPECT ROAD				440020	199		
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2. Principal I	Place of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-3763280 Applied For Not Applicable					
Zip	Country	Zip Coun		try	Certificate of Status Desired S5.00 Additional Fee Required			7	
	6. Name and Address of Current I	Registered Agent		Name	7. Name a	nd Address of New Rep	Istered Agent		킼-
FARDETTE, BRENT				ي د جيء - المغيا	عاوات و الراب المرب على الأواجية الأمام المستحدد الأمامية				
676 WEST PROSPECT ROAD FORT LAUDERDALE FL 33309				Street Address (P.O. Box Number is Not Acceptable)					4
				City			Zip Cod		-
The above named entity submits this statement for the purpose of changing its relationship.									
	tions of registered agent.	and borboar or or or a saing to		a one or regions.	ou agon, or	SOUNT IN SIG SEED OF FROM	au. Tom Camilla Willia	and docopt	1
SIGNATURE	Signature, typed or printed name of registered agent as	nd the if applicable. (NOT	E: Registered	Agent signature required	when reinstating)		DATE		
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		Make Check Payab		-	nt of State	ļ			
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NAME	FARDETTE, BREN 676 W. PROSP	5	NAME	1					١
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City-ST-ZIP	certify that the information supplied with the	his filling does not qualify for	the even		tion 119 07/3	Vi) Florida Statudos 15:	ther certify that the in	formation	1
indicated	on this report is true and accurate and the bility company or the receiver or trustee (hat my signature shall have t	he same	legal effect as if ma	ade under oa	th; that I am a managing	member or manage	r of the	