

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011426

**FILED**  
**Apr 27, 2004**  
**Secretary of State**

**Entity Name:** SLEEP CARE SOLUTIONS, LLC

**Current Principal Place of Business:**

200 W. WELBOURNE AVENUE, STE. 8  
WINTER PARK, FL 32789

**New Principal Place of Business:**

200 W. WELBORNE AVENUE  
SUITE 8  
WINTER PARK, FL 32789

**Current Mailing Address:**

200 W. WELBOURNE AVENUE, STE. 8  
WINTER PARK, FL 32789

**New Mailing Address:**

200 W. WELBORNE AVENUE  
SUITE 8  
WINTER PARK, FL 32789

**FEI Number:** 11-3682967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWERS, TIMOTHY J  
200 W. WELBOURNE AVENUE, STE. 8  
WINTER PARK, FL 32789

**Name and Address of New Registered Agent:**

POWERS, TIMOTHY J  
200 W. WELBORNE AVENUE  
SUITE 8  
WINTER PARK, FL 32789

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:

04/27/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: POWERS, TIMOTHY J MR  
Address: 200 W. WELBORNE AVE, SUITE 8  
City-St-Zip: WINTER PARK, FL 32789 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY J. POWERS

MGRM

04/27/2004

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