

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039260

FILED
Mar 18, 2009
Secretary of State

Entity Name: LIVE OAK SLEEP CENTER, LLC

Current Principal Place of Business:

437 11 STREET
LIVE OAK, FL 32064

New Principal Place of Business:

437 11TH STREET
LIVE OAK, FL 32064

Current Mailing Address:

437 11 STREET
LIVE OAK, FL 32064

New Mailing Address:

437 11TH STREET
LIVE OAK, FL 32064

FEI Number: 20-1155694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLES, GARLAN R
437 11 STREET
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

NOBLES, GARLAN R
437 11TH STREET
LIVE OAK, FL 32064 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:

03/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOBLES, GARLAN R
Address: 437 11 STREET
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NOBLES, GARLAN R
Address: 437 11TH STREET
City-St-Zip: LIVE OAK, FL 32064

I hereby certify that the information supplied with this filing does not qualify 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: GARLAN R. NOBLES

MGRM

03/18/2009

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