2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

DOCUMENT# L04000039260

Entity Name: LIVE OAK SLEEP CENTER, LLC

Current Principal Place of Business:

437 11TH STREET
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

437 11TH STREET
LIVE OAK, FL 32064

New Mailing Address:

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 11TH STREET
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

I hereby 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 Statues.

SIGNATURE: GARLAN R NOBLES MGRM 01/05/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date