2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2005
Secretary of State

DOCUMENT# L04000042599

Entity Name: SLEEP RESTORATION, LLC

Current Principal Place of Business:

621 LA PLAZA AVENUE
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

6860 GULFPORT BLVD., S. #374
SOUTH PASADENA, FL 33707

New Mailing Address:

FEI Number: 73-1708051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLODEN, JOHN C
621 LA PLAZA AVENUE
ST. PETERSBURG, FL 33707 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/MEMBERS:

Title: MGR ( ) Delete
Name: FLODEN, JOHN
Address: 621 LA PLAZA AVENUE
City-St-Zip: ST. PETERSBURG, FL 33707

Title: MGRM ( ) Delete
Name: FLODEN, LINAEA
Address: 621 LA PLAZA AVENUE
City-St-Zip: ST. PETERSBURG, FL 33707

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LINAEA FLODEN MGRM 02/05/2005

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