

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90080 045 ****50.00

DOCUMENT # L05000001781

1. Entity Name

POLK STARLIGHT SLEEP LABS, LLC



Principal Place of Business

3003 S FLORIDA AVE
#203
LAKELAND, FL 33803

Mailing Address

100 SOUTH KENTUCKY AVENUE, SUITE 285
LAKELAND, FL 33801



07142006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2108795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FANCHER, SCOTT W
201 NORTH FRANKLIN STREET, SUITE 2600
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRP
NAME EVANS, JOHN K
STREET ADDRESS 3003 S FLORIDA AVE STE 203
CITY-ST-ZIP LAKELAND, FL 33803

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

20 July 2006
Date

Daytime Phone # _____