

L050000001781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300082848273

01/02/07--01057--000 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 10 AM 8:03

J. BRYAN JAN 11 2007

W  
J. BRYAN JAN - 3 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Polk Starlight Sleep Labs, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John K. Evans  
(Name of Person)

Polk Starlight Sleep Labs, LLC  
(Firm/Company)

7132 Wareham Drive  
(Address)

Tampa, FL 33647  
(City/State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 10 AM 8:03

For further information concerning this matter, please call:

John K. Evans at ( 813 ) 610-6516  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 3, 2007

JOHN K. EVANS  
POLK STARLIGHT SLEEP LABS, LLC  
7132 WAREHAM DRIVE  
TAMPA, FL 33647

SUBJECT: POLK STARLIGHT SLEEP LABS, LLC  
Ref. Number: L05000001781

We have received your document for POLK STARLIGHT SLEEP LABS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 407A00000348

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 10 AM 8:03

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Polk Starlight Sleep Labs, LLC

2. The mailing address of the limited liability company is : 7132 Wareham Drive

Tampa, FL 33647

12/30/2004

L05000001781

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Scott W. Fancher, Esq.

Name

One Tampa City Center, Suite 2600

Address

Tampa, FL 33602

City, State and Zip

6. The name and address of the new registered agent and/or office:

John K. Evans

Name

7132 Wareham Drive

Florida street address (P.O. Box NOT acceptable)

Tampa

FL 33647

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

John K. Evans

(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 10 AM 8:03