

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000070546

FILED
Oct 13, 2009
Secretary of State

Entity Name: PROFESSIONAL SLEEP ANALYSIS, LLC

Current Principal Place of Business:

16261 BASS ROAD
SUITE 201
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

16261 BASS ROAD
SUITE 201
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 20-3459011 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAUCK, SHERRIE L
17120 BIDGESTONE CT.
UNIT 108
FORT MYERS, FL 33908 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: SHERRIE HAUCK

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: HAUCK, SHERRIE L
Address: 17120 BRIDGESTONE CT.
City-St-Zip: UNIT 108, FL 33908

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

Title: MGR () Delete
Name: HAUCK, PAUL J
Address: 5515 CHESTER GATE CT
City-St-Zip: MASON, OH 45040

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

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: SHERRIE.HAUCK

MGRM

10/13/2009

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