

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000070546

**FILED**  
**Mar 01, 2010**  
**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 ( )**

**Name and Address of Current Registered Agent:**

HAUCK, SHERRIE L  
17120 BIDGESTONE CT.  
UNIT 108  
FORT MYERS, FL 33908 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:** HAUCK, SHERRIE L  
**Address:** 17120 BRIDGESTONE CT.  
**City-St-Zip:** UNIT 108, FL 33908

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

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 Statutes.

**SIGNATURE:** SHERRIE HAUCK

MGMR

03/01/2010

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