2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L05000096315

Entity Name: SLEEP SOLUTIONS, LLC

Current Principal Place of Business:

4080 AMBER LANE
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4080 AMBER LANE
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASPER, KIM
4080 AMBER LANE
PALM HARBOR, FL 34685 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 ( ) Delete
Name: KASPER, NAHEED
Address: 4080 AMBER LANE
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM ( ) Delete
Name: KASPER, KIM
Address: 4080 AMBER LANE
City-St-Zip: PALM HARBOR, FL 34685 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: DOYLE, RICHARD
Address: 4195 HARBOR HILLS DR.
City-St-Zip: LARGO, FL 33770

Title: MGRM ( ) Change (X) Addition
Name: DOYLE, MAUREEN
Address: 4195 HARBOR HILLS DR.
City-St-Zip: LARGO, FL 33770

Title: MGRM ( ) Change (X) Addition
Name: ALSTOTT, MICHAEL
Address: 7019 1ST AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33707

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: KIM KASPER MGRM 04/20/2009

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