

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117655

Entity Name: SLEEPY CRNA, PLC

FILED  
Mar 08, 2008  
Secretary of State

**Current Principal Place of Business:**

2775 ST. JOHNS AVENUE UNIT 5  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

2775 ST. JOHNS AVENUE UNIT #5  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

2775 ST. JOHNS AVENUE UNIT 5  
JACKSONVILLE, FL 32205

**New Mailing Address:**

3618 NOTTAWAY ST  
NORFOLK, VA 23513

FEI Number: 20-4700794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEAGUE & JESPERSON, P.A.  
3955 RIVERSIDE AVENUE, SUITE 100  
JACKSONVILLE, FL 32205 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: SCOTT, SUSAN M  
Address: 2775 ST JOHNS AVENUE  
City-St-Zip: JACKSONVILLE, F 32205

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCOTT, SUSAN M  
Address: 2775 ST JOHNS AVENUE UNIT #5  
City-St-Zip: JACKSONVILLE, F 32205

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: SUSAN M SCOTT

MS

03/08/2008

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