

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048656

FILED
Feb 01, 2007
Secretary of State

Entity Name: SLEEP CENTERS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

184TH PLAZA, ATRIA BUILDING
SUITE 210
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

184TH PLAZA, ATRIA BUILDING
SUITE 210
PEMBROKE PINES, FL 33025

New Mailing Address:

110 WEST NORTH STREET
SUITE 100
GREENVILLE, SC 29601

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

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: WEBB, LARRY
Address: 110 W. NORTH STREET, SUITE 100
City-St-Zip: GREENVILLE, SC 29601

Title: MGRM () Delete
Name: MELLOTT, MATT
Address: 110 W. NORTH STREET, SUITE 100
City-St-Zip: GREENVILLE, SC 29601

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MATT MELLOTT

MGRM

02/01/2007

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