

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000093626

1. Entity Name  
ORANGE PARK SLEEP CENTER, L.L.C.



Principal Place of Business  
1125 NORTH SUMMIT STREET  
CRESENT CITY, FL 32112

Mailing Address  
1125 NORTH SUMMIT STREET  
CRESENT CITY, FL 32112



04232008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0787939

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BUTLER, WILLIAM E  
1125 NORTH SUMMIT STREET  
CRESENT CITY, FL 32112

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRS
NAME	BUTLER, WILLIAM E
STREET ADDRESS	1125 NORTH SUMMIT STREET
CITY-ST-ZIP	CRESENT CITY, FL 32112
TITLE	MGRV
NAME	FLETCHER, WARREN D
STREET ADDRESS	1125 N SUMMIT ST
CITY-ST-ZIP	CRESENT CITY, FL 32112
TITLE	MGRP
NAME	HOWARD, KENNETH P
STREET ADDRESS	16164 NE 15TH PL
CITY-ST-ZIP	STARKE, FL 32091
TITLE	MGRV
NAME	AWTIN, MATTHEW M
STREET ADDRESS	5585 BROKTON WEST GREEN HWY
CITY-ST-ZIP	BROXTON, GA 31519
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000930433  
05/21/08-80109-016 143.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William E. Butler 4/22/08 (386) 698-3737