

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105590

FILED
Mar 02, 2007
Secretary of State

Entity Name: SLEEP CARE SOLUTIONS OF DC, LLC

Current Principal Place of Business:

200 W. WELBOURNE AVE.
SUITE 8
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

200 W. WELBOURNE AVE.
SUITE 8
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-5756230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, TIMOTHY J
200 W. WELBOURNE AVE.
SUITE 8
WINTER PARK, FL 32789 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: POWERS, TIMOTHY J MR
Address: 200 W WELBORNE AVE STE 8
City-St-Zip: WINTER PARK, FL 32789 US

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: TIMOTHY J POWERS

MGRM

03/02/2007

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