

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022435

FILED  
Sep 21, 2010  
Secretary of State

**Entity Name:** SAINT PETE SLEEP DIAGNOSTICS LLC

**Current Principal Place of Business:**

750 94TH AVE N #208  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

750 94TH AVE N #208  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

FEI Number: 11-3806024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAHONEY, KIMBERLY  
750 94TH AVE N #208  
ST. PETERSBURG, FL 33702 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: MGR  
Name: MAHONEY, KIMBERLY  
Address: 750 94TH AVE N #208  
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby 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: KIMBERLY MAHONEY

MGR

09/21/2010

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