

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000058281

FILED
Apr 27, 2009
Secretary of State

Entity Name: SLEEP SOLUTIONS OF NORTH FLORIDA LLC

Current Principal Place of Business:

757 SW STATE ROAD 247
101
LAKE CITY, FL 32025

New Principal Place of Business:

163 SW STONEGATE TERRACE
105
LAKE CITY, FL 32024

Current Mailing Address:

757 SW STATE ROAD 247
101
LAKE CITY, FL 32025

New Mailing Address:

163 SW STONEGATE TERRACE
105
LAKE CITY, FL 32024

FEI Number: 26-0599941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WOMBLE, WILLIAM B
757 SW STATE ROAD 247
101
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

WOMBLE, WILLIAM B
163 SW STONEGATE TERRACE
105
LAKE CITY, FL 32024 US

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: WILLIAM B WOMBLE

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOMBLE, WILLIAM B
Address: 757 SW STATE ROAD 247 SUITE 101
City-St-Zip: LAKE CITY, FL 32025

Title: MGR () Delete
Name: WOMBLE, BRANDALYN M
Address: 757 SW STATE ROAD 247 SUITE 101
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: WOMBLE, WILLIAM B
Address: 163 SW STONEGATE TERR ST 105
City-St-Zip: LAKE CITY, FL 32024

Title: VP (X) Change () Addition
Name: WOMBLE, BRANDALYN M
Address: 163 SW STONEGATE TERR ST 105
City-St-Zip: LAKE CITY, FL 32024

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: WILLIAM B WOMBLE

PRES

04/27/2009

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