2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# L07000058281

Entity Name: SLEEP SOLUTIONS OF NORTH FLORIDA LLC

Current Principal Place of Business:

163 SW STONEGATE TERRACE
105
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

163 SW STONEGATE TERRACE
105
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: 26-0599941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOMBLE, WILLIAM B
163 SW STONEGATE TERRACE
105
LAKE CITY, FL 32024 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: PRES
Name: WOMBLE, WILLIAM B
Address: 163 SW STONEGATE TERR ST 105
City-St-Zip: LAKE CITY, FL 32024

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

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 Statues.

SIGNATURE: WILLIAM B WOMBLE OWNE 04/19/2011

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