

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000058281

**FILED**  
**Oct 17, 2012**  
**Secretary of State**

**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:**

1140 SW BASCOM NORRIS DRIVE #101  
105  
LAKE CITY, FL 32025 UN

**Current Mailing Address:**

163 SW STONEGATE TERRACE  
105  
LAKE CITY, FL 32024

**New Mailing Address:**

1140 SW BASCOM NORRIS DRIVE #101  
105  
LAKE CITY, FL 32025 UN

**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:**

WOMBLE, WILLIAM B  
1140 SW BASCOM NORRIS DRIVE #101  
105  
LAKE CITY, FL 32025 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 WOMBLE

10/17/2012

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 Statutes.

SIGNATURE: WILLIAM WOMBLE

PRES

10/17/2012

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