

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092615

FILED
Apr 17, 2009
Secretary of State

Entity Name: SLEEP BETTER CONCEPT LLC

Current Principal Place of Business:

16930 S.W. 74 COURT
MIAMI, FL 33157

New Principal Place of Business:

9130 S. DADELAND BLVD.
SUITE 1600
MIAMI, FL 33156

Current Mailing Address:

16930 S.W. 74 COURT
MIAMI, FL 33157

New Mailing Address:

9130 S. DADELAND BLVD.
SUITE 1600
MIAMI, FL 33156

FEI Number: 22-3968460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANN, ROMAN P
16930 S.W. 74 COURT
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

GUZMAN & GUZMAN, P.A.
9130 S. DADELAND BLVD.
SUITE 1600
MIAMI, FL 33156 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: ALBERTO GUZMAN

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: JANN, ROMAN P
Address: 16930 S.W. 74 COURT
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: JANN, ROMAN
Address: 16930 S.W. 74 COURT
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: JANN, ROMAN P
Address: APDO 1180
City-St-Zip: ESCAZU, CR 1250

Title: S (X) Change () Addition
Name: JANN, ROMAN
Address: APDO 1180
City-St-Zip: ESCAZU, CR 1250

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: JANN ROMAN

P/D

04/17/2009

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