


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90130 015 ***138.75

| | |
|---|---|
| DOCUMENT # L07000110281 |  |
| 1. Entity Name SLEEP LABS OF ENGLEWOOD, LLC | |

60021000



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|--|--|
| Principal Place of Business 2961 PLACIDA ROAD, UNIT 11 ENGLEWOOD, FL 34224 | Mailing Address 2961 PLACIDA ROAD, UNIT 11 ENGLEWOOD, FL 34224 |
|--|--|

| | | | |
|--|-----------------------|---|-----------------------|
| 2. Principal Place of Business - No P.O. Box # 2961 Placida Road | | 3. Mailing Address P.O. Box 328 | |
| Suite, Apt. #, etc. Unit 11B | | Suite, Apt. #, etc. | |
| City & State Englewood, FL | | City & State Englewood, FL | |
| Zip 34224 | Country USA | Zip 34295 | Country USA |

04052008 Chg-LLC CR2E083 (12/06)

| | | |
|---|---|--|
| 4. FEI Number 35-2314509 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent SIMCHECK, CAROLYN F 7127 BAYLOR STREET ENGLEWOOD, FL 34224 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|---|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carolyn F. Simcheck* DATE 4/7/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---------------------------------|-----------------------|---|
| TITLE MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SIMCHECK, CAROLYN F | | NAME | |
| STREET ADDRESS 7127 BAYLOR STREET | | STREET ADDRESS | |
| CITY-ST-ZIP ENGLEWOOD, FL 34424 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Carolyn F. Simcheck* **CAROLYN F. SIMCHECK** 4/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

941-697-9977