

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000124772

FILED
Mar 05, 2012
Secretary of State

Entity Name: SIGNATURE SLEEP SERVICES LLC

Current Principal Place of Business:

6350 TECHSTER BOULEVARD
SUITE 2
FORT MYERS, FL 33966

New Principal Place of Business:

8919 CARILLON ESTATES WAY
FORT MYERS, FL 33912

Current Mailing Address:

6350 TECHSTER BOULEVARD
SUITE 2
FORT MYERS, FL 33966

New Mailing Address:

8919 CARILLON ESTATES WAY
FORT MYERS, FL 33912

FEI Number: 26-1586584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY
202 S ROME AVENUE
SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

CLARK, ANDREA L
8919 CARILLON ESTATES WAY
FORT MYERS, FL 33912 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: ANDREA CLARK

03/05/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CLARK, ANDREA L
Address: 8919 CARILLON ESTATES WAY
City-St-Zip: FORT MYERS, FL 33912

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: ANDREA CLARK

MGRM

03/05/2012

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