

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000011617

FILED
Oct 22, 2009
Secretary of State

Entity Name: SLEEP PROFESSIONALS OF FLORIDA, LLC

Current Principal Place of Business:

3628 MADACA LANE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3628 MADACA LANE
TAMPA, FL 33618

New Mailing Address:

1680 ROUTE 23
SUITE 400
WAYNE, NJ 07470

FEI Number: 26-1874585 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156 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: MARIS KRUIZE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KING, JUNE
Address: 3628 MADACA LANE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MIGLIORINO, GLEN
Address: 1680 ROUTE 23
City-St-Zip: WAYNE, NJ 07470

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: GLENN MIGLIORINO

MGR

10/22/2009

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