2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# M06000001456

Entity Name: SLEEP GROUP SOLUTIONS, LLC

Current Principal Place of Business:

16840 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16840 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BEN-DAVID, RANI
Address: 16840 N.E. 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR ( ) Delete
Name: COHEN, TAMIR
Address: 9314 STEVENS WAY
City-St-Zip: CANOGA PARK AREA, CA 91304

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BEN-DAVID, RAN
Address: 16840 N.E. 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM (X) Change ( ) Addition
Name: COHEN, TAMIR
Address: 16840 N.E. 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: RAN BEN-DAVID MGRM 03/06/2009

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