


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000003993</b> 1. Entity Name SLEEP DISORDER CENTER OF BONITA SPRINGS, LLC	
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Principal Place of Business 5261 JACKSON RD FT MYERS, FL 33905	Mailing Address 5261 JACKSON RD FT MYERS, FL 33905
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**DO NOT WRITE IN THIS SPACE**



02122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5204525	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  NELSON, J MICHAEL 5261 JACKSON ROAD FT MYERS, FL 33905
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIKE'S MASKS AND MORE, INC. 5261 JACKSON RD FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, J MICHAEL 5261 JACKSON RD FT MYERS, FL 33905
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03/04/08-80029-025 143.75

**DO NOT WRITE  
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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 606, Florida Statutes.

<b>SIGNATURE:</b> <u>J. MICHAEL NELSON</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>2/19/08</u> <small>Date</small>	<u>239-218-5226</u> <small>Daytime Phone #</small>
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