

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000004181

**FILED**  
**Oct 26, 2012**  
**Secretary of State**

**Entity Name:** SLEEP DISORDER CENTER OF ESTERO, LLC

**Current Principal Place of Business:**

101 CONVENTION CENTER DR, NCH  
LAS VEGAS, NV 89109

**New Principal Place of Business:**

**Current Mailing Address:**

13670 METROPOLIS AVE  
SUITE #101  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 20-5257255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, J. MICHAEL  
5261 JACKSON RD  
FT. MYERS, FL 33905 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:** J MICHAEL NELSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** NELSON, J. MICHAEL  
**Address:** 5261 JACKSON RD  
**City-St-Zip:** FT. MYERS, FL 33905

**Title:** MGR  
**Name:** HANNON, HOLLY C  
**Address:** 13670 METROPOLIS AVENUE  
**City-St-Zip:** FORT MYERS, FL 33912 US

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:** J MICHAEL NELSON

MGRM

10/26/2012

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