

MO900000 3806 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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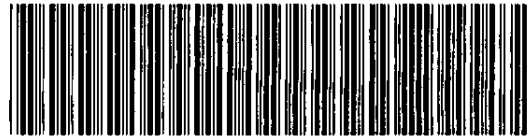
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 DEC -5 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
DEC - 6 2011  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sleep Testing Center of Bradenton, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon Swerdloff  
Name of Person

Jonathan D. Swerdloff, P.A.  
Firm/Company

840 Kings Retreat Drive  
Address

Davidsonville, MD 21035  
City/State and Zip Code

cpaswerd@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Swerdloff at ( 410 ) 798-7320  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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11 DEC -5 PM 3:43  
STATE OF FLORIDA  
TALLAHASSEE

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Sleep Testing Center of Bradenton, LLC **m89000003806**
2. Jurisdiction of its organization: Louisiana
3. Date authorized to do business in Florida: Sep. 24, 2009

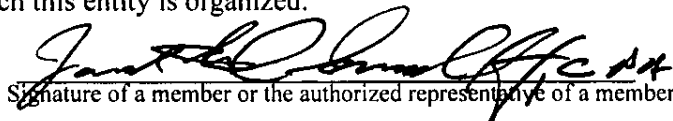
**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? October 18, 2011
5. New name of the limited liability company: Sleep Testing Center of South Tampa, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_

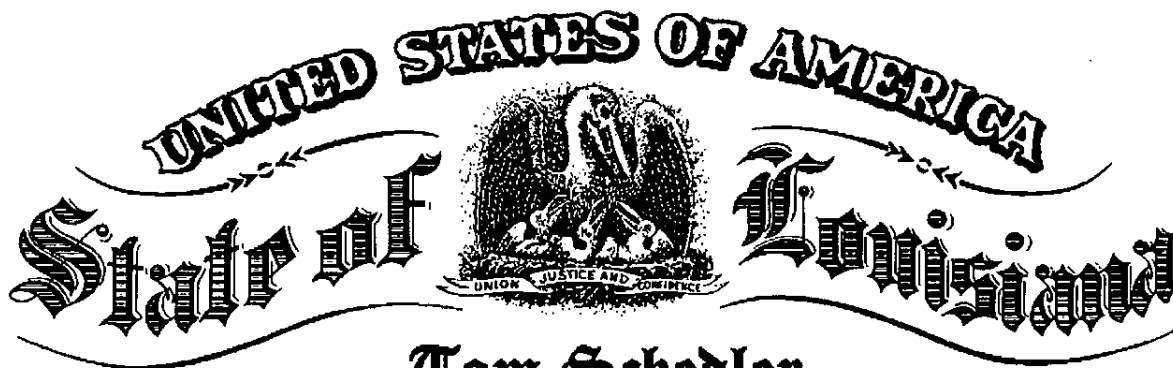
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Jonathan D. Swerdloff, CPA

Typed or printed name of signee

**Filing Fee: \$25.00**



**Tom Schedler**

SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

the Articles of Organization of

**SLEEP TESTING CENTER OF SOUTH TAMPA, L.L.C.**

Domiciled at MANDEVILLE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on September 08, 2009,

I further certify that no Certificate of Dissolution has been issued.

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11 DEC -5 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 28, 2011

*Secretary of State*

Web 40003294K



Certificate ID: 10221783#KHH62

To validate this certificate, visit the following web site,  
go to **Commercial Division, Certificate Validation**,  
then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)