

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000001781

**Entity Name:** POLK STARLIGHT SLEEP LABS, LLC

**Current Principal Place of Business:**

3003 S FLORIDA AVE  
#203  
LAKELAND, FL 33803

**Current Mailing Address:**

3003 S FLORIDA AVE  
#203  
LAKELAND, FL 33803

**FEI Number:** 20-2108795

**Certificate of Status Desired:** No

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

EVANS, JOHN K  
11276 68TH AVE N  
SEMINOLE, FL 33772 US

*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

**Authorized Person(s) Detail :**

Title MGRP  
Name EVANS, JOHN K  
Address 3003 S FLORIDA AVE STE 203  
City-State-Zip: LAKELAND FL 33803

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN K EVANS

**MANAGING MEMBER**

**03/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date