

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058281

Entity Name: SLEEP SOLUTIONS OF NORTH FLORIDA LLC

Current Principal Place of Business:

1140 SW BASCOM NORRIS DRIVE #101
105
LAKE CITY, FL 32025

Current Mailing Address:

1140 SW BASCOM NORRIS DRIVE #101
105
LAKE CITY, FL 32025 UN

FEI Number: 26-0599941

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOMBLE, WILLIAM B
1140 SW BASCOM NORRIS DRIVE #101
105
LAKE CITY, FL 32025 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 PRES
Name WOMBLE, WILLIAM B
Address 533 NW AMANDA STREET
City-State-Zip: LAKE CITY FL 32055

Title VP
Name WOMBLE, BRANDALYN M
Address 533 NW AMANDA ST
City-State-Zip: LAKE CITY FL 32055

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM WOMBLE

PRES

03/21/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date