2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: SLEEP SOLUTIONS OF NORTH FLORIDA LLC

Current Principal Place of Business:

301 NW COLE TERRACE
SUITE 103
LAKE CITY, FL 32055

Current Mailing Address:

301 NW COLE TERRACE
SUITE 103
LAKE CITY, FL 32055 US

FEI Number: 26-0599941

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOMBLE, WILLIAM B
301 NW COLE TERRACE
SUITE 103
LAKE CITY, FL 32055 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	Title	VP
Name	WOMBLE, WILLIAM B	Name	WOMBLE, BRANDALYN M
Address	533 NW AMANDA STREET	Address	533 NW AMANDA ST
City-State-Zip:	LAKE CITY FL 32055	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM WOMBLE P 01/04/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date