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: HELMY K GHALY	MGRM	12/06/2018		

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.

The above named	rentity submits this statement for the purpose of changing its	registered onlee of regis	icrea agent, or boun, in the otate of t	londa.
SIGNATURE	E MARIAM GHALY			12/06/2018
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	MGRM	Title	MGRM	
Name	GHALY, HELMY K	Name	BOLOS, GEORGE M	
Address	11408 DUTCH IRIS DR	Address	8809 RIVERSCAPE WAY	
City-State-Zip:	RIVERVIEW FL 33578	City-State-Zip:	TAMPA FL 33635	
Title	MGRM			
Name	BOLOS, MAIKEL M			
Address	558 SANDBECK CT			
City-State-Zip:	TAMPA FL 33624			

Name and Address of Current Registered Agent:

3080 EAST BAY DR 100 LARGO, FL 33771

Entity Name: THE GOOD SHEPHERD SLEEP CENTER, LLC

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000025167

Current Principal Place of Business:

Current Mailing Address:

3080 EAST BAY DR, 100 LARGO, FL 33771 US

FEI Number: 32-0390755

THE TIMOTHY GROUP, INC 17841 HUNTING BOW CIR SUITE 102 LUTZ, FL 33558 US

FILED Dec 06, 2018 Secretary of State CC6829514929

Certificate of Status Desired: No

Date

Electronic Signature of Signing Authorized Person(s) Detail