

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000025167

Entity Name: THE GOOD SHEPHERD SLEEP CENTER, LLC

Current Principal Place of Business:

13668 W HILLSBOROUGH AVE
TAMPA, FL 33635

Current Mailing Address:

9113 RIDGE ROAD
STE 4
NEW PORT RICHEY, FL 34654 US

FEI Number: 32-0390755

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMETRIUS, ELIJAH
9113 RIDGE ROAD
STE 4
NEW PORT RICHEY, FL 34654 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 MGRM
Name GREGES, YOUHANA
Address 9113 RIDGE ROAD
STE 4
City-State-Zip: NEW PORT RICHEY FL 34654

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: YOUHANA GREGES

OWNER

04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date