

**2019 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:**

13668 W HILLSBOROUGH AVE  
TAMPA, FL 33635 US

**FEI Number: 32-0390755**

**Certificate of Status Desired: No**

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

THE TIMOTHY GROUP, INC  
17841 HUNTING BOW CIR  
SUITE 102  
LUTZ, FL 33558 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:** MARIAM GHALY

04/23/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GHALY, HELMY K  
Address 11408 DUTCH IRIS DR  
City-State-Zip: RIVERVIEW FL 33578

Title MGRM  
Name BOLOS, GEORGE M  
Address 8809 RIVERSCAPE WAY  
City-State-Zip: TAMPA FL 33635

Title MGRM  
Name BOLOS, MAIKEL M  
Address 558 SANDBECK CT  
City-State-Zip: TAMPA FL 33624

*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:** GEORGE BOLOS

MGRM

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date