

**2016 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:**

9119 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  
9119 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 DEMETRIUS, ELIJAH  
Address 9113 RIDGE RD SUITE 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:** ELIJAH DEMETRIUS

**OWNER**

**03/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date