

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000079778

Entity Name: SLEEP HEALTHY DENTAL THERAPY, LLC

Current Principal Place of Business:

2845 NE 9 STREET
906
FORT LAUDERDALE, FL 33304

Current Mailing Address:

2845 NE 9 STREET
906
FORT LAUDERDALE, FL 33304 US

FEI Number: 45-5506388

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GROSS, ALLAN
2845 NE 9 STREET
906
FORT LAUDERDALE, FL 33304 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 MGR
Name GROSS, ALLAN
Address 2845 NE 9 STREET APT 906
City-State-Zip: FORT LAUDERDALE FL 33304

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: ALLAN GROSS

MANAGER

03/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date