2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2019
Secretary of State
1835901524CC

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Entity Name: RESPIRATORY SLEEP SOLUTIONS, LLC

Current Principal Place of Business:

4545 FULLER DR, STE. 100
IRVING, TX 75038

Current Mailing Address:

4545 FULLER DR, STE. 100
IRVING, TX 75038 US

FEI Number: 26-0701515

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
TALLAHASSEE, FL 32301 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	MBR
Name	ALLIANCE FAMILY OF COMPANIES, LLC
Address	4545 FULLER DR, STE. 100
City-State-Zip:	IRVING TX 75038

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: JUSTIN L. MAGNUSON — CEO OF MANAGING MEMBER — 02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date