

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

0679477.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
11/27/2007 12:00:00 AM  
Fee receipt: \$0

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Statement of Resignation of  
Registered Agent**

**SRA**

Pursuant to the provisions of KRS 14A.4-030, the undersigned applies for resignation of registered agent and, for that purpose, submits the following statements:

1. I, **THERESA HOLMES**, do hereby  
**resign as registered agent and  
discontinue the registered office address  
4010 DUPONT CIRCLE, SUITE 122  
LOUISVILLE, KY 40207**
2. The business entity which I am resigning from is  
**AMERICAN SLEEP MEDICINE, LLC**
3. The business is **a limited liability company (KRS 275)**
4. The entity is organized and existing in the state or country of **KY**
5. The agency appointment shall be terminated, and the registered office discontinued, if so provided, on the earlier of:  
(a) The appointment of a seccessor registered agent and, if applicable, registered office; or  
(b) The thirty-first day after the date on which the statement of resignation was filed.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of Registered Agent:  
**THERESA HOLMES**