LAUDERDALE	BY THE SEA, FL 33308		
Current Mai	ling Address:		
4229 N OCE LAUDERDA	AN DR LE BY THE SEA, FL 33308 US		
FEI Number	: 47-3547067		Certificate of Status Desired: No
Name and Address of Current Registered Agent:			
	ROBERT		
POPRAWSKI, F 4229 N OCEAN LAUDERDALE	I DR BY THE SEA, FL 33308 US		
4229 N OCEÁN LAUDERDALE		tered office or regis	tered agent, or both, in the State of Florida.
4229 N OCEÁN LAUDERDALE	BY THE SEA, FL 33308 US d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.
4229 N OCEAN LAUDERDALE The above name	BY THE SEA, FL 33308 US d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida. Date
4229 N OCEAN LAUDERDALE The above name SIGNATURE	BY THE SEA, FL 33308 US d entity submits this statement for the purpose of changing its regis	tered office or regis	
4229 N OCEAN LAUDERDALE The above name SIGNATURE	BY THE SEA, FL 33308 US d entity submits this statement for the purpose of changing its regis : E: Electronic Signature of Registered Agent	tered office or regis	
4229 N OCEAN LAUDERDALE The above name SIGNATURE	BY THE SEA, FL 33308 US d entity submits this statement for the purpose of changing its regis : Electronic Signature of Registered Agent Person(s) Detail :		Date
4229 N OCEAN LAUDERDALE The above name SIGNATURE Authorized Title	BY THE SEA, FL 33308 US d entity submits this statement for the purpose of changing its regis E: Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	Date

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000052685

4229 N OCEAN DR

Entity Name: 2908 SNOOZE, LLC

Current Principal Place of Business:

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: ROBERT POPRAWSKI

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

01/14/2018

FILED Jan 14, 2018 **Secretary of State** CC7785519824

Date