

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000234220

**Entity Name:** SLEEP LIFE CENTER, LLC

**Current Principal Place of Business:**

8485 BIRD ROAD, STE 305  
MIAMI, FL 33155

**Current Mailing Address:**

8485 BIRD ROAD, STE 305  
MIAMI, FL 33155 US

**FEI Number:** 84-2047809

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PRIME CAP EQUITY, LLC  
2263 SW 37TH AVE  
UNIT #333  
MIAMI, FL 33145 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 PRIME CAP EQUITY, LLC  
Address 2263 SW 37TH AVE  
UNIT #333  
City-State-Zip: MIAMI FL 33145

Title MGR  
Name CORTEZ, MELISSA  
Address 39261 DONIGAN RD  
City-State-Zip: BROOKSHIRE TX 77423

*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:** PRIME CAP EQUITY, LLC

MGR

04/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date