

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:**

WEAR, MELISSA  
8485 BIRD RD., STE. 305  
MIAMI, FL 33155 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	Title	MGRM
Name	WEAR, MELISSA	Name	THE GALLED REVOCABLE TRUST
Address	39261 DONIGAN RD	Address	9164 SW 70TH TERRACE
City-State-Zip:	BROOKSHIRE TX 77423	City-State-Zip:	MIAMI FL 33173

*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: GABRIEL DIETSCH**

**PRESIDENT**

**04/25/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date