2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT	
DOCI IMENIT# 1 19000224220	

DOCUMENT# L18000234220

Entity Name: SLEEP LIFE CENTER, LLC

## **Current Principal Place of Business:**

1500 SW 45TH AVE MIAMI, FL 33134

## **Current Mailing Address:**

1500 SW 45TH AVE MIAMI, FL 33134 UN

# FEI Number: 84-2047809

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

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	PRIME CAP EQUITY, LLC	Name	CORTEZ, MELISSA
Address	2263 SW 37TH AVE UNIT #333	Address	39261 DONIGAN RD
		City-State-Zip:	BROOKSHIRE TX 77423
City-State-Zip:	MIAMI FL 33145		

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.

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Jun 11, 2019 Secretary of State 3382211606CC

FILED

06/11/2019 Date

MBR

Date