

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000218281

**Entity Name:** SOMNIA SLEEP SOLUTIONS, LLC

**Current Principal Place of Business:**

205 ZEAGLER DRIVE  
SUITE 301  
PALATKA, FL 32177

**Current Mailing Address:**

205 ZEAGLER DRIVE  
SUITE 301  
PALATKA, FL 32177

**FEI Number:** 84-3048918

**Certificate of Status Desired:** No

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

PERALLON, RICHARD  
205 ZEAGLER DRIVE  
SUITE 301  
PALATKA, FL 32177 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            AMBR  
Name            PERALLON, RICHARD  
Address        205 ZEAGLER DRIVE SUITE 301  
City-State-Zip: PALATKA FL 32177

*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:** RICHARD PERALLON

**PRESIDENT**

**07/26/2021**

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

\_\_\_\_\_  
Date