

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000146483

**Entity Name:** TEAM NO SLEEP ENTERPRISES LLC

**Current Principal Place of Business:**

2489 BLOWING BREEZE AVE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1084 HOME STREET  
APT 3G  
BRONX, NY 10459 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

CAPELES, LOUIS E  
2489 BLOWING BREEZE AVENUE  
KISSIMMEE, FL 34744 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:** LOUIS CAPELES

02/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	CAPELES, DESTINY M	Name	CAPELES, LOUIS
Address	2489 BLOWING BREEZE AVE	Address	2489 BLOWING BREEZE AVE
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744

*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:** LOUIS CAPELES

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date