

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001949

Entity Name: SLEEP MANAGEMENT SOLUTIONS LLC

Current Principal Place of Business:

20 CHURCH STREET
SUITE 1200
HARTFORD, CT 06103

Current Mailing Address:

20 CHURCH STREET
SUITE 1200
HARTFORD, CT 06103 US

FEI Number: 51-0550727

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER, TREASURER, CFO
Name SHIVER, PHILLIP
Address 20 CHURCH STREET
 SUITE 1200
City-State-Zip: HARTFORD CT 06103

Title PRESIDENT, CEO, MANAGER
Name HOROWITZ, STEVEN
Address 20 CHURCH STREET
 SUITE 1200
City-State-Zip: HARTFORD CT 06103

Title MANAGER, SECRETARY
Name MOLLOY, GISELE
Address 20 CHURCH STREET
 SUITE 1200
City-State-Zip: HARTFORD CT 06103

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: PHILLIP SHIVER

CFO

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date