

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001949

Entity Name: SLEEP MANAGEMENT SOLUTIONS LLC

Current Principal Place of Business:

3 HUNTINGTON QUADRANGLE
SUITE 200 S
MELVILLE, NY 11747

Current Mailing Address:

3 HUNTINGTON QUARANGLE
SUITE 200S
MELVILLE, NY 11747

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, SECRETARY
Name GILLIGAN, ALISON
Address 20 CHURCH STREET
 SUITE 1200
City-State-Zip: HARTFORD CT 06103

Title MANAGER, TREASURER
Name HOROWITZ, STEVEN
Address 3 HUNTINGTON QUADRANGLE
 SUITE 200 S
City-State-Zip: MELVILLE NY 11747

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: STEVEN HOROWITZ

MANAGER

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date