

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000003057

**FILED  
Jan 09, 2015  
Secretary of State  
CC9716991144**

**Entity Name:** HOME SLEEP DELIVERED LLC

**Current Principal Place of Business:**

1327 ERASTE LANDRY ROAD  
LAFAYETTE, LA 70506

**Current Mailing Address:**

1327 ERASTE LANDRY ROAD  
LAFAYETTE, LA 70506

**FEI Number:** 27-1990310

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 MGR  
Name HOYT, CASEY  
Address 1327 ERASTE LANDRY ROAD  
City-State-Zip: LAFAYETTE LA 70506

Title MGR  
Name MOORE, MICHAEL  
Address 1327 ERASTE LANDRY ROAD  
City-State-Zip: LAFAYETTE LA 70506

Title MGR  
Name HOYT, MAX  
Address 1327 ERASTE LANDRY ROAD  
City-State-Zip: LAFAYETTE LA 70506

*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:** CASEY HOYT

**MANAGER**

**01/09/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date