

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000003057

**FILED  
Apr 30, 2021  
Secretary of State  
9135783371CC**

**Entity Name:** HOME SLEEP DELIVERED LLC

**Current Principal Place of Business:**

625 E. KALISTE SALOOM ROAD SUITE 200-S  
LAFAYETTE, LA 70508

**Current Mailing Address:**

625 E. KALISTE SALOOM ROAD SUITE 200-S  
LAFAYETTE, LA 70508 US

**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 MEMBER  
Name HOYT, CASEY BRYAN  
Address 625 E. KALISTE SALOOM ROAD  
City-State-Zip: LAFAYETTE LA 70508

Title MEMBER  
Name MOORE, MICHAEL BRANDON  
Address 625 E. KALISTE SALOOM ROAD  
City-State-Zip: LAFAYETTE LA 70508

Title MEMBER  
Name HOYT, MAX B  
Address 625 E. KALISTE SALOOM ROAD  
City-State-Zip: LAFAYETTE LA 70508

*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 BRYAN HOYT

MEMBER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date