

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003057

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 SUITE
200-S
City-State-Zip: LAFAYETTE LA 70508

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

Title MEMBER
Name HOYT, MAX B
Address 625 E. KALISTE SALOOM ROAD SUITE
200-S
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

04/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date