

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003057

**FILED
Apr 27, 2018
Secretary of State
CC7337311017**

Entity Name: HOME SLEEP DELIVERED LLC

Current Principal Place of Business:

202 NORTH LUKE STREET
LAFAYETTE, LA 70506

Current Mailing Address:

202 NORTH LUKE STREET
LAFAYETTE, LA 70506 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 MGR
Name HOYT, CASEY
Address 202 NORTH LUKE STREET
City-State-Zip: LAFAYETTE LA 70506

Title MGR
Name MOORE, MICHAEL
Address 202 NORTH LUKE STREET
City-State-Zip: LAFAYETTE LA 70506

Title MGR
Name HOYT, MAX
Address 202 NORTH LUKE STREET
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

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date