

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020617

1. Entity Name
SLEEPCOMP, LLC



Principal Place of Business
**500 S. FALKENBURG ROAD
TAMPA, FL 33619-8028**

Mailing Address
**500 S. FALKENBURG ROAD
TAMPA, FL 33619-8028**

DO NOT WRITE IN THIS SPACE



04222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3759624

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANTINORI, STEVEN JAMES
500 S. FALKENBURG ROAD
TAMPA, FL 33619-8028**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000136423
04/28/04-80090-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ANTINORI, STEVEN JAMES
STREET ADDRESS	500 S. FALKENBURG ROAD
CITY-ST-ZIP	TAMPA, FL 336198028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.26.04

813.651.2233

Date

Daytime Phone #