

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90042 013 *****50.00

DOCUMENT # L02000031722

1. Entity Name

BERLIANT SLEEP SERVICES, LLC.



Principal Place of Business

7699 TRAPANI LANE
BOYNTON BEACH FL 33437
US

Mailing Address

7699 TRAPANI LANE
BOYNTON BEACH FL 33437
US

00100721



2. Principal Place of Business

1705 PRESIDENTIAL WAY

3. Mailing Address

1705 PRESIDENTIAL WAY

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

16-1641210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BERLIANT, MARTIN T
7699 TRAPANI LANE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name

Martin Berliant

Street Address (P.O. Box Number is Not Acceptable)

1705 Presidential Way

#203

City

West Palm Beach

FL

Zip Code

33401

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

Martin Berliant, owner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/12/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **Managing member** ☐ Delete
NAME **Martin Berliant**
STREET ADDRESS **1705 Presidential Way #203**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MG M** ☐ Change ☐ Addition
NAME **Martin Berliant**
STREET ADDRESS **1705 Presidential Way #203**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Martin Berliant

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

8/19/03 - 561-573-5146

Date Daytime Phone #

CR2E083 (4/03)