

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90064 003 \*\*\*\*50.00

DOCUMENT # L02000033277

1. Entity Name

SLEEPY HILL EQUITIES LLC



**DO NOT WRITE IN THIS SPACE**

10102698

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3399 PGA BLVD.

Suite, Apt. #, etc.

SUITE 450

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

3. Mailing Address

3399 PGA BLVD.

Suite, Apt. #, etc.

SUITE 450

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

4. FEI Number

13-4226486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PETER D. CUMMINGS & ASSOC., INC.

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

3399 PGA BLVD.

SUITE 450

City

PALM BEACH GARDENS

FL

Zip Code

33410

**DO NOT WRITE  
IN THIS SPACE**

3. 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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGR  
NAME PETER D. CUMMINGS  
STREET ADDRESS 3399 PGA BLVD, SUITE 450  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME KEITH L. CUMMINGS  
STREET ADDRESS 3399 PGA BLVD, SUITE 450  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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CR2E083B (12/02)

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:

KEITH L. CUMMINGS

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

Date

Daytime Phone #