


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90141 041 ****50.00

DOCUMENT # L03000002272 1. Entity Name SLEEP PARTNERS OF PINELLAS, LLC					
Principal Place of Business 13176 CENTER AVENUE LARGO FL 33773			Mailing Address 13176 CENTER AVENUE LARGO FL 33773		
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc. <i>above</i>		Suite, Apt. #, etc. <i>as above</i>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1867824	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145				7. Name and Address of New Registered Agent Name <i>Danielle Welsh</i> Street Address (P.O. Box Number is Not Acceptable) <i>13176 Center Ave</i> City <i>Largo</i> FL Zip Code <i>33773</i>	
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 <i>Danielle Welsh</i> DATE <i>2/6/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELSH, DANIELLE M 13176 CENTER AVENUE LARGO FL 33773	<input type="checkbox"/> Delete			
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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: <i>Danielle Welsh</i> DATE <i>2/6/04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

~1010000



MOORE CR2E083 (11/03)

Applied For
Not Applicable

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

Name *Danielle Welsh*
 Street Address (P.O. Box Number is Not Acceptable)
13176 Center Ave
 City *Largo* **FL** Zip Code *33773*

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