

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000010880

Entity Name: SLEEPING RHINO, LLC

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5400 NW 35TH AVENUE, BUILDING 16  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

1850 NW 49TH STREET  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

5400 NW 35TH AVENUE, BUILDING 16  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

1850 NW 49TH STREET  
FORT LAUDERDALE, FL 33309

FEI Number: 20-4326951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOABERY, ABDOL  
5400 NW 35TH AVENUE, BUILDING 16  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MOABERY, ABDOL  
Address: 1850 NW 49TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM  
Name: TOUTT, ANDREW  
Address: 1850 NW 49TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ABDOL MOABERY

MGR

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date