

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000096315

Entity Name: SLEEP SOLUTIONS, LLC

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4080 AMBER LANE  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4080 AMBER LANE  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

KASPER, KIM  
4080 AMBER LANE  
PALM HARBOR, FL 34685 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: KASPER, NAHEED  
Address: 4080 AMBER LANE  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM  
Name: KASPER, KIM  
Address: 4080 AMBER LANE  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM  
Name: DOYLE, RICHARD  
Address: 4195 HARBOR HILLS DR.  
City-St-Zip: LARGO, FL 33770

Title: MGRM  
Name: DOYLE, MAUREEN  
Address: 4195 HARBOR HILLS DR.  
City-St-Zip: LARGO, FL 33770

Title: MGRM  
Name: ALSTOTT, MICHAEL  
Address: 7019 1ST AVE. S.  
City-St-Zip: ST. PETERSBURG, FL 33707

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: NAHEED KASPER

MGRM

04/24/2010

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