

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000072587

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** SLEEPY HOUSE L.L.C.

**Current Principal Place of Business:**

2519 ELDERBERRY DRIVE  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

2519 ELDERBERRY DRIVE  
CLEARWATER, FL 33761 US

**New Mailing Address:**

**FEI Number:** 26-0571196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATKINS, GEORGE R  
2519 ELDERBERRY DRIVE  
CLEARWATER, FL 33761 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:** WATKINS, GEORGE R  
**Address:** 2519 ELDERBERRY DRIVE  
**City-St-Zip:** CLEARWATER, FL 33761 US

**Title:** MGRM  
**Name:** WATKINS, KATHERINE L  
**Address:** 2519 ELDERBERRY DRIVE  
**City-St-Zip:** CLEARWATER, FL 33761 US

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:** GEORGE R. WATKINS

PRES

03/16/2011

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