

208000003793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

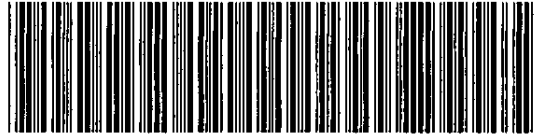
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

NOV 03 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Sleep
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Bowen
(Name of Person)

Elite Sleep
(Firm/Company)

4914 PACIFIC COURT
(Address)

PBA FL 33418
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DAVID BOWEN at (561) 691-1156
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2008

DAVID BOWDEN
4914 PACIFICO COURT
PALM BEACH GARDENS, FL 33418

SUBJECT: ELITE SLEEP, LLC
Ref. Number: L08000003793

We have received your document for ELITE SLEEP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 708A00053636

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Elite Sleep

2. (a) Principal office address of limited liability company: 4914 PACIFIC
(Note: **MUST BE STREET ADDRESS**) PBA FL 33418

(b) Mailing address of limited liability company: 4914 PACIFIC COURT
(Note: **MAY BE POST OFFICE BOX**) PBA FL 33418

1/11/2007
3. Date of filing/registration in Florida

LO8000003793
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CORPORATE SERVICE CO.

Registered Office Address:

1201 HAYES ST
TALLAHASSEE FL 32307

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

DAVID BOWEN

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

4914 PACIFIC CT
PBA FL 33418

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

David Bowen
(Signature of a member or authorized representative of a member)

DAVID BOWEN
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Bowen
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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NOV - 3 PM 4:44
TALLAHASSEE, FLORIDA
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