

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060235

Entity Name: SLEEPER, LLC

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

265 WEST MASHTA DR.  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

150 SUNNY ISLES BLVD UPH 3  
UPH3  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

265 WEST MASHTA DR.  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

150 SUNNY ISLES BLVD UPH 3  
UPH3  
SUNNY ISLES BEACH, FL 33160

FEI Number: 26-2886520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PERL, LAWRENCE  
265 WEST MASHTA DRIVE  
KEY BISCAYNE, FL 33149 US

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

PERL, LAWRENCE  
150 SUNNY ISLES BLVD  
UPH3  
SUNNY ISLES BEACH, FL 33160 US

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:

01/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PERL, LAWRENCE  
Address: 150 SUNNY ISLES BLVD UPH3  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM  
Name: BONADIES, BRUCE  
Address: 3700 HALDEMAN CREEK DR  
City-St-Zip: NAPLES, FL 34112

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: LAWRENCE PERL

MGR

01/08/2010

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