

L170000 04926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

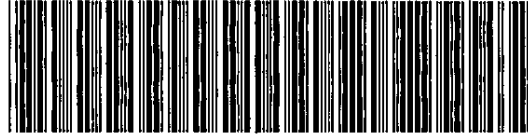
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 JAN 25 AM 7:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 26 2016

J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sleep Equity Management LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth S. Neu

(Name of Person)

Silverman Neu, LLP

(Firm/Company)

585 Stewart Avenue, Suite 300

(Address)

Garden City, New York 11530

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Gross

(Name of Person)

at ( 914 ) 589-0112

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Sleep Equity Management LLC

2. The Articles of Organization were filed on 01/10/2013 and assigned  
document number L13000004926

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2015  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
The entity lost its only contract and was unable to continue in operation

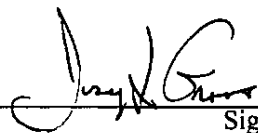
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Joseph Gross

4 Skymark Court

Upper Saddle River, New Jersey 07458

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Joseph Gross

Printed Name

**FILING FEE: \$25.00**

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16 JAN 25 AM 7:43  
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