

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L22000106122

1. Limited Liability Company's Name

Sleep Well Estate LLC

2. Principal Office Address - No P.O. Box #

6610 NW Rodin Ct

Suite, Apt. #, etc.

City & State

Port St Lucie FL

Zip

34983

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Wendy Colin

Street Address (P.O. Box Number is Not Acceptable) Suite,

6610 NW Rodin Ct

Apt. # Etc.

City

Port St Lucie

State

FL

Zip Code

34983

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Wendy Colin

REGISTERED AGENT MUST SIGN

Date

8/22/24

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
	Pierre Charles	6610 NW Rodin Ct	Port St Lucie FL 34983
			S. FRANKLIN
			SEP - 5 2024

11. E-mail Address

Wcolin57@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Wendy Colin

Date

8/22/24

Daytime Phone #

561 506 9146