

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000028901

Entity Name: SLEEPARE FLORIDA LLC

Current Principal Place of Business:

217 NW 36TH STREET
MIAMI, FL 33127

Current Mailing Address:

217 NW 36TH STREET
MIAMI, FL 33127 US

FEI Number: 82-4274821

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KOUTOULAS & RELIS, LLC
217 NW 36TH STREET
MIAMI, FL 33127 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name KOL, SHANIR
Address 217 NW 36TH STREET
City-State-Zip: MIAMI FL 33127

Title MGR
Name KOL, SHANIR
Address 217 NW 36TH STREET
City-State-Zip: MIAMI FL 33127

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANIR KOL

CEO

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date