

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000028901

**Entity Name:** SLEEPARE FLORIDA LLC

**Current Principal Place of Business:**

1776 N PINE ISLAND RD STE 316  
PLANATION, FL 33322

**Current Mailing Address:**

1776 N PINE ISLAND RD STE 316  
PLANATION, FL 33322 US

**FEI Number:** 82-4274821

**Certificate of Status Desired:** No

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

KOUTOULAS & RELIS, LLC  
1776 N PINE ISLAND RD STE 316  
PLANATION, FL 33322 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 1776 N PINE ISLAND RD STE 316  
City-State-Zip: PLANATION FL 33322

Title MGR  
Name KOL, SHANIR  
Address 1776 N PINE ISLAND RD STE 316  
City-State-Zip: PLANATION FL 33322

Title AMBR  
Name IOSIP, ROI  
Address 1776 N PINE ISLAND RD STE 316  
City-State-Zip: PLANATION FL 33322

Title MGR  
Name IOSIP, ROI  
Address 1776 N PINE ISLAND RD STE 316  
City-State-Zip: PLANATION FL 33322

*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

AMBR

02/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date