

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000109602

**Entity Name:** SEEK, SLEEP, REPEAT LLC

**Current Principal Place of Business:**

3164 BARBOUR TRL  
ODESSA, FL 33556

**Current Mailing Address:**

3164 BARBOUR TRL  
ODESSA, FL 33556 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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	Title	AMBR
Name	HARMS, JACQUELINE	Name	HARMS, SCOTT
Address	3164 BARBOUR TRL	Address	3164 BARBOUR TRL
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33556

*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:** JACQUELINE HARMS

**MEMBER**

**01/10/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date