

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000435344

**Entity Name:** SLEEP MEDICINE CENTER LLC

**Current Principal Place of Business:**

13207 FOX GLOVE ST  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

13207 FOX GLOVE ST  
WINTER GARDEN, FL 34787 US

**FEI Number:** 92-2521195

**Certificate of Status Desired:** No

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

PUERTO, SANDRA  
13207 FOX GLOVE ST  
WINTER GARDEN, FL 34787 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 MGR  
Name ROA, NICOLAS  
Address 13207 FOX GLOVE ST  
City-State-Zip: WINTER GARDEN FL 34787

*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:** NICOLAS ROA

**MANAGER**

**07/11/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date