

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000162010

Entity Name: SWFL MATTRESS, LLC

Current Principal Place of Business:

2901 INLET COVE LANE W
NAPLES, FL 34120

Current Mailing Address:

2901 INLET COVE LANE W
NAPLES, FL 34120

FEI Number: 46-4149476

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGRM
Name LECOMPTE, GERALD
Address 2901 INLET COVE LANE W
City-State-Zip: NAPLES FL 34120

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: GERALD LECOMPTE

MANAGER

01/17/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date