

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000162010

Entity Name: SWFL MATTRESS, LLC

Current Principal Place of Business:

741 DEL PRADO BLVD N
CAPE CORAL , FL 33909

Current Mailing Address:

15275 COLLIER BLVD N
201-162
NAPLES, FL 34119 US

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

MANAGING MEMBER

08/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date