

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000190706

**Entity Name:** BOX DROP MATTRESS ORLANDO

**Current Principal Place of Business:**

379 E BROADWAY ST  
SUITE 1002  
OVIEDO, FL 32765

**Current Mailing Address:**

931 BIGHORN ST.  
OVIEDO, FL 32765

**FEI Number:** 81-3834977

**Certificate of Status Desired:** No

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

DORN, BRIAN  
931 BIGHORN ST.  
OVIEDO, FL 32765 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             | Title           | AR              |
| Name            | DORN, BRIAN     | Name            | DORN, SUMMER    |
| Address         | 931 BIGHORN ST. | Address         | 931 BIGHORN ST. |
| City-State-Zip: | OVIEDO FL 32765 | City-State-Zip: | OVIEDO FL 32765 |

*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:** BRIANDORN

**OWNER**

**05/14/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date