

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000091827

**Entity Name:** MATTRESS DOCTOR L.L.C

**Current Principal Place of Business:**

2430 US HWY 27,  
SUITE 330  
CLERMONT, FL 34714

**Current Mailing Address:**

2430 US HWY 27  
SUITE 330  
CLERMONT, FL 34714 US

**FEI Number:** 82-1395943

**Certificate of Status Desired:** No

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

PEREZ, RENE  
2430 US HWY 27  
SUITE 330  
CLERMONT, FL 34714 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:** RENE PEREZ

03/18/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	FESSAL, WATKINS	Name	PEREZ, RENE
Address	729 DOWNING CIRCLE	Address	4213 BEARGRASS ST
City-State-Zip:	DAVENPORT FL 33897	City-State-Zip:	CLERMONT FL 34714

*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:** WATKINS FESSAL

MANAGER

03/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date