

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000492197

**Entity Name:** BEDROOM FURNITURE DESIGN LLC

**Current Principal Place of Business:**

934 N UNIVERSITY DRIVE  
#229  
CORAL SPRINGS , FL 33071

**Current Mailing Address:**

934 N UNIVERSITY DR  
#229  
CORAL SPRINGS, 33071 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

SMITH, MARY A  
1605 NW 91ST AVE  
#232  
CORAL SPRINGS, FL 33071 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            OWNER, VP  
Name            ANDERSON, KAMEAL L  
Address        9257 RAMBLEWOOD DRIVE  
City-State-Zip: CORAL SPRINGS FL 33071

Title            OWNER, CEO  
Name            SMITH, MARY A  
Address        1605 NW 91ST AVE  
                  APT 232  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** MARY A SMITH

**CEO**

**04/18/2024**

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

\_\_\_\_\_  
Date