

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006606

Entity Name: MASTER BEDS LLC

Current Principal Place of Business:

11540 HIGHWAY 92 EAST
SEFFNER, FL 33584

Current Mailing Address:

11540 HIGHWAY 92 EAST
SEFFNER, FL 33584

FEI Number: 20-5943583

Certificate of Status Desired: No

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 MANAGER
Name SEAMAN, JEFFREY
Address 400 PERIMETER CENTER TERRACE,
 #800
City-State-Zip: ATLANTA GA 30346

Title PRESIDENT, ASST. SECRETARY
Name STEIN, LEWIS
Address 11540 HIGHWAY 92 EAST
City-State-Zip: SEFFNER FL 33584

Title VP
Name FINKEL, JEFFREY
Address 400 PERIMETER CENTER TERR NE
 SUITE 800
City-State-Zip: ATLANTA GA 30346

Title VP
Name WEITZNER, PETER
Address 400 PERIMETER CENTER TERR NE
 SUITE 800
City-State-Zip: ATLANTA GA 30346

Title VP, ASST. SECRETARY
Name SHEER, JAMIE
Address 11540 HIGHWAY 92 EAST
City-State-Zip: SEFFNER FL 33584

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: JAMIE SHEER

VP

01/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date