

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500006984

**Entity Name:** ROOMS TO GO FT.LAUDERDALE LLC

**Current Principal Place of Business:**

11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584

**Current Mailing Address:**

11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584 US

**FEI Number:** 47-4343280

**Certificate of Status Desired:** No

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

CT 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:** MADONNA CUDDIHY, ASSISTANT SECRETARY

01/10/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            WEITZNER, PETER  
Address        4004 SUMMIT BOULEVARD NE, SUITE  
                  600  
City-State-Zip: ATLANTA GA 30319

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

Title            MANAGER  
Name            SEAMAN, JEFFREY  
Address        11540 HIGHWAY 92 EAST  
City-State-Zip: SEFFNER FL 33584

Title            VP, SECRETARY  
Name            SCHNELL, RANDI  
Address        4004 SUMMIT BOULEVARD NE, SUITE  
                  600  
City-State-Zip: ATLANTA GA 30319

Title            ASST. SECRETARY  
Name            PEREZ, JORGE  
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

01/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date