

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90027 043 ****50.00

DOCUMENT # L02000008149

1. Entity Name

EQUIDRY BEDDING PRODUCTS, LLC



Principal Place of Business

**2700 UNIVERSITY BLVD W STE #A-2
JACKSONVILLE FL 32217**

Mailing Address

**2700 UNIVERSITY BLVD W STE #A-2
JACKSONVILLE FL 32217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONALD W. MAXWELL, ESQUIRE

Name

**4000 BEACH BLVD STE #5
JACKSONVILLE FL 32207-4865**

Street Address (P.O. Box Number is Not Acceptable)

1812 UNIVERSITY BLVD SOUTH

City

JACKSONVILLE

FL

Zip Code

32216-8431

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MCCLAMMA, T. EDWARD**
STREET ADDRESS **2700 UNIVERSITY BLVD W STE #A-2**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE

T. EDWARD MCCLAMMA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/19/03 904 273 0135

Date

Daytime Phone #

CR2E083 (10/02)

0046757