

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90085 046 ****50.00

DOCUMENT # L03000014508

1. Entity Name

EXPERT BEDDING, LLC



Principal Place of Business

1035 S. VOLUSIA AVE.
ORANGE CITY FL 32763

Mailing Address

1035 S. VOLUSIA AVE.
ORANGE CITY FL 32763

2. Principal Place of Business

1035 S VOLUSIA AVE

Suite, Apt. #, etc.

3. Mailing Address

1035 S VOLUSIA AVE

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

ORANGE CITY FLORIDA

Zip
32763

Country

U.S.A.

City & State

ORANGE CITY FLORIDA

Zip
32763

Country

U.S.A.

4. FEI Number

90-0077213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGAL, SHANE
1035 S. VOLUSIA AVE.
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SEGAL, SHANE
STREET ADDRESS 1035 S. VOLUSIA AVE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE MGRM ☐ Delete
NAME SEGAL, SOPHIA
STREET ADDRESS 1035 S. VOLUSIA AVE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

SHANE SEGAL

01-19-05 386 774 7378

Date

Daytime Phone #