

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90036 045 \*\*\*\*50.00

20001804



01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number: **20-1314481** Applied For: ☐ Not Applicable: ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L04000049426**

1. Entity Name  
**BEDTIME MATTRESS STORE, LLC**



Principal Place of Business  
**11769 SE US HWY 441  
BELLEVUE, FL 34420 US**

Mailing Address  
**7368 SE 115TH ST  
BELLEVUE, FL 34420 US**

2. Principal Place of Business  
**11769 SE US HWY 441  
Suite, Apt. #, etc.  
Bellevue, Florida  
City & State  
34420**

3. Mailing Address  
**SAME AS ABOVE**  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
**Marion**

6. Name and Address of Current Registered Agent  
**HUBBARD, FRANCINE V  
7368 SE 115TH ST  
BELLEVUE, FL 34420**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUBBARD, FRANCINE V 7368 SE 115TH ST BELLEVUE, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Francine V Hubbard* **1-11-05 352-245-1994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #