

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092691

Entity Name: MATTRESS CAPITAL, LLC

FILED
Jul 12, 2008
Secretary of State

Current Principal Place of Business:

108 SKYFLOWER CIRCLE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

108 SKYFLOWER CIRCLE
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 20-2045477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ABBOTT, DALE J CPA
555 W. GRANADA BLVD., STE. E-9
ORMOND BEACH, FL 32174 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVIN, DAVID
Address: 108 SKYFLOWER CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: MGRM () Delete
Name: LEVIN, CHRISTY
Address: 108 SKYFLOWER CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID LEVIN

MGRM

07/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date