

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108802

FILED  
Jun 30, 2008  
Secretary of State

Entity Name: AMERICAN MURPHY BED LLC

**Current Principal Place of Business:**

14608 CANOPY DR  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

14608 CANOPY DR  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 22-3918178      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:**

WALTER, JOSEPH A MGR  
14608 CANOPY DR  
TAMPA, FL 33626      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: MGR      ( ) Delete  
Name: WALTER, JOSEPH A  
Address: 14608 CANOPY DR  
City-St-Zip: TAMPA, FL 33626

Title: MGR      ( ) Delete  
Name: WALTER, RONALD M  
Address: 3607 CORDGRASS DR  
City-St-Zip: VALRICO, FL 33594

Title: ST      ( ) Delete  
Name: WALTER, JOSEPH A  
Address: 14608 CANOPY DR  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES:**

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

Title: MGR      (X) Change ( ) Addition  
Name: WALTER, RONALD M  
Address: 8907 KEY WEST ISLAND WAY  
City-St-Zip: RIVERVIEW, FL 33578

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: JOSEPH WALTER

MGR

06/30/2008

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