

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