## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000027547

City-St-Zip:

MGR

SIROP, KEVIN

2830 NE 29TH ST

Title:

Name:

Address:

City-St-Zip:

FT. LAUDERDALE, FL 33306 US

( ) Delete

FT. LAUDERDALE, FL 33306 US

Entity Name: SHERWOOD BEDS, LLC

FILED Apr 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2830 NE 29TH STREET FT. LAUDERDALE, FL 33306 US **Current Mailing Address: New Mailing Address:** 2830 NE 29TH STREET FT. LAUDERDALE, FL 33306 US FEI Number: 20-4522337 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIROP, KEVIN 2830 NE 29TH STREET FT. LAUDERDALE, FL 33306 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ELLMAN, J. LEON Name: Name: 2830 NE 29TH STREET Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33306 US City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition Name: ELLMAN, NEIL Name: Address: 2830 NE 29TH STREET Address: City-St-Zip: FT. LAUDERDALE, FL 33306 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition ELLMAN, LANCE Name: Name: 2830 NE 29TH STREET Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33306 US City-St-Zip: Title: MGR Title: () Change () Addition ( ) Delete Name: KAHN, STEVEN Name: 2830 NE 29TH STREET Address: Address:

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.

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KEVIN SIROP MGR 04/20/2009