

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033444

FILED
Jul 27, 2007
Secretary of State

Entity Name: MATTRESS DR OF SARASOTA LLC

Current Principal Place of Business:

7924 W HILLSBOROUGH AVENUE
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

7924 W HILLSBOROUGH AVENUE
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 20-4639314 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:

BRADLOW, ALEC
7924 W HILLSBOROUGH AVENUE
TAMPA, FL 33615 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: BRADLOW, ALEC
Address: 7924 W HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM () Delete
Name: BRADLOW, DIANA
Address: 7924 W HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM () Delete
Name: FISHMAN, KEN
Address: 7924 W HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES:

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

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: ALEC BRADLOW

PRES

07/27/2007

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