

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116310

Entity Name: A-MATTRESS LIQUIDATORS LLC

FILED  
Apr 28, 2007  
Secretary of State

## Current Principal Place of Business:

SUN PLAZA, NW HWY 19  
#27  
CRYSTAL RIVER, FL 34428

## New Principal Place of Business:

## Current Mailing Address:

7450 MARLO ROAD  
LEESBURG, FL 34788

## New Mailing Address:

FEI Number: 20-8004042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CASSIDY, RUSSELL R  
7450 MARLO ROAD  
LEESBURG, FL 34788 US

## Name and Address of New Registered Agent:

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: CASSIDY, RUSSELL R  
Address: 7450 MARLO ROAD  
City-St-Zip: LEESBURG, FL 34788

Title: MGR ( ) Delete  
Name: NEWTON, WILLIAM  
Address: 2025 DIXIE AVENUE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: MGRM ( ) Delete  
Name: ALLEN, ROBERT  
Address: 2709 CR 48  
City-St-Zip: GROVELAND, FL 34736

## 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: RUSSELL CASSIDY

MGR

04/28/2007

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