Feb 15 2008 11:21AM HP LASERJET FAX

FILED
Apr 16, 2008 8:00 am
Secretary of State
04-16-2008 90111 007 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000116310

1. Entity Name
A-MATTRESS LIQUIDATORS LLC

50003444

Principal Place of Business	Mailing Address
SUN PLAZA, NW HWY 19 #27 CRYSTAL RIVER, FL 34428	7450 MARLO ROAD LEESBURG, FL 34788

02152008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
111 N. Florida Ave.		111 N. Florida Ave.	
Suite, Apt. #, etc.: A		Suite, Apt. #, etc.: A	
City & State: Inverness, FL		City & State: Inverness FL	
Zip: 34453	Country: USA	Zip: 34453	Country: USA

4. FEI Number: 20-8004042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CASSIDY, RUSSELL R
7450 MARLO ROAD
LEESBURG, FL 34788

7. Name and Address of New Registered Agent

Name: Peggy Newton
Street Address (P.O. Box Number is Not Acceptable): 202 S. Dixie Ave
City: Fruitland Park FL Zip Code: 34731

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Peggy Newton PEGGY Newton 4-20-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NEWTON, WILLIAM 2025 DIXIE AVENUE FRUITLAND PARK, FL 34731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Peggy Newton 202 S. Dixie Ave Fruitland Park 34731	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALLEN, ROBERT 2709 CR 48 GROVELAND, FL 34736	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Peggy Newton PEGGY Newton 4-20-08 3523412169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #