

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000030679

**FILED**  
**Oct 08, 2008**  
**Secretary of State****Entity Name:** MATTRESS PLUS LLC**Current Principal Place of Business:**9551 NW 79 AVE SUITE B-1  
HIALEAH GARDENS, FL 33016 US**New Principal Place of Business:**10773 NW 58TH ST  
700  
DORAL, FL 33178 US**Current Mailing Address:**9551 NW 79 AVE SUITE B-1  
HIALEAH GARDENS, FL 33016 US**New Mailing Address:**10773 NW 58TH ST  
700  
DORAL, FL 33178 US**FEI Number:** 20-8692971**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ROSETO, ROBERTO  
9551 NW 79 AVE SUITE B-1  
HIALEAH GARDENS, FL 33016 US**Name and Address of New Registered Agent:**ROSETO, ROBERTO  
10773 NW 58TH ST  
700  
DORAL, FL 33178 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:** ROBERTO ROSETO

10/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** ROSETO, ROBERTO (100%)  
**Address:** 9551 NW 79 AVE SUITE B-1  
**City-St-Zip:** HIALEAH GARDENS, FL 33016 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** ROSETO, ROBERTO (100%)  
**Address:** 10773 NW 58TH ST #700  
**City-St-Zip:** DORAL, FL 33178 US

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:** ROBERTO ROSETO

MGRM

10/08/2008

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