

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109796

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FURNITURE &MATTRESS GIANT LLC

**Current Principal Place of Business:**

4520 WEST COLONIAL DRIVE  
1  
ORLANDO, FL 32808 OR

**New Principal Place of Business:**

**Current Mailing Address:**

4520 WEST COLONIAL DRIVE  
1  
ORLANDO, FL 32808 OR

**New Mailing Address:**

**FEI Number:** 26-3793288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CELESTE, ARNOLD L SR  
1555 ROYAL CIRCLE  
1  
APOPKA, FL 32703 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:** MGRM  
**Name:** CELESTE, ARNOLD L SR  
**Address:** 4520 WEST COLONIAL DR  
**City-St-Zip:** ORLANDO, FL 32808 US

**Title:** MGR  
**Name:** CELESTE, ARNOLD L SR  
**Address:** 1555 ROYAL CIRCLE  
**City-St-Zip:** APOPKA, FL 32703 US

I hereby 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:** ARNOLD CELESTE

MGR

04/30/2012

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