

P020000055019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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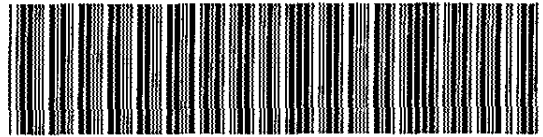
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SLEEP FACTORY USA, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P02000055019

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARABARA J. COOK

(Name of Person)

SLEEP FACTORY USA, INC.

(Name of Firm/Company)

10022 NAVARRE PKWY

(Address)

NAVARRE, FL 32566-3013

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES W KING, JR.

(Name of Person)

at ( 850 ) 434-2400

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARK W. MUSSELWHITE, hereby resign as DIRECTOR  
(Title)

of SLEEP FACTORY USA, INC.  
(Name of Corporation)

P02000055019, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314