

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M09000004197

**FILED**  
**Nov 30, 2011**  
**Secretary of State**

**Entity Name:** JLN SONSHINE BEDDING, LLC

**Current Principal Place of Business:**

4719 OAK FAIR BLVD  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

4719 OAK FAIR BLVD  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 27-0710425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NEWMAN, MICHAEL J  
5030 SILVER CHARM TERRACE  
WESLEY CHAPEL, FL 33544 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: MICHAEL J. NEWMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NEWMAN, MICHAEL J  
Address: 5030 SILVER CHARM TERRACE  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGRM  
Name: NEWMAN, ROBIN L  
Address: 5030 SILVER CHARM TERRACE  
City-St-Zip: WESLEY CHAPEL, FL 33544

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: MICHAEL J. NEWMAN

MR

11/30/2011

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