2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2013
Secretary of State
CC3196408911

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Entity Name: SIGNATURE SLEEP, LLC

Current Principal Place of Business:

8919 CARILLON ESTATES WAY
FORT MYERS, FL 33912

Current Mailing Address:

8919 CARILLON ESTATES WAY
FORT MYERS, FL 33912 US

FEI Number: 27-0734860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, GARY
202 S ROME AVENUE
SUITE 100
TAMPA, FL 33606 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	CLARK, ANDREA L
Address	8919 CARILLON ESTATES WAY
City-State-Zip:	FORT MYERS FL 33912

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA L. CLARK MGRM 04/08/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date