

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000123865

**Entity Name:** SALEM MATTRESS COMPANY, LLC

**Current Principal Place of Business:**

2507 INVESTORS ROW  
100  
ORLANDO, FL 32837

**Current Mailing Address:**

2507 INVESTORS ROW  
100  
ORLANDO, FL 32837 US

**FEI Number:** 47-1533816

**Certificate of Status Desired:** No

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

SALEM, MAGED  
8719 THE ESPLANADE  
7  
ORLANDO, FL 32836 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            AMBR  
Name            SALEM, MAGED  
Address        8719 THE ESPLANADE # 7  
City-State-Zip: ORLANDO FL 32836

Title            AMBR  
Name            SALEM, MADHAT  
Address        8826 PHILLIPS BAY DRIVE  
City-State-Zip: ORLANDO FL 32836

Title            AMBR  
Name            SALEM, MAJDI  
Address        8826 PHILLIPS BAY DRIVE  
City-State-Zip: ORLANDO FL 32836

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAGED SALEM

**PRESIDENT**

**05/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date