

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006606

**Entity Name:** MASTER BEDS LLC**Current Principal Place of Business:**11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584**Current Mailing Address:**11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584**FEI Number:** 20-5943583**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	MANAGER
Name	SEAMAN, JEFFREY
Address	11540 HIGHWAY 92 EAST
City-State-Zip:	SEFFNER FL 33584
Title	VP, SECRETARY
Name	ALLEN, MITCH
Address	400 PERIMETER CENTER TERR NE SUITE 800
City-State-Zip:	ATLANTA GA 30346
Title	ASST. SECRETARY
Name	PEREZ, JORGE
Address	11540 US HWY 92 EAST
City-State-Zip:	SEFFNER FL 33584

Title	PRESIDENT
Name	WEITZNER, PETER
Address	400 PERIMETER CENTER TERR NE SUITE 800
City-State-Zip:	ATLANTA GA 30346
Title	VP, TREASURER
Name	SHEER, JAMIE
Address	11540 HIGHWAY 92 EAST
City-State-Zip:	SEFFNER FL 33584

*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:** JAMIE SHEER

VICE PRESIDENT

01/13/2021

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