

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000022101

**Entity Name:** TURNER FURNITURE OF THOMASVILLE A, LLC

**Current Principal Place of Business:**

317 INDUSTRIAL BLVD.  
THOMASVILLE, GA 32301

**Current Mailing Address:**

PO BOX 1427  
THOMASVILLE, GA 31799 US

**FEI Number: 58-0673620**

**Certificate of Status Desired: Yes**

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            TURNER, S. RUSSELL JR.  
Address        317 INDUSTRIAL BLVD.  
City-State-Zip: THOMASVILLE GA 32301

*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: S. RUSSELL TURNER, JR.**

**PRESIDENT**

**03/06/2019**

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

\_\_\_\_\_  
Date