

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000077333

**Entity Name:** B&B FURNITURE HOLDINGS, LLC

**Current Principal Place of Business:**

1451 OCEAN DRIVE, SUITE 205  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1451 OCEAN DRIVE, SUITE 205  
MIAMI BEACH, FL 33139 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WATTS-FITZGERALD, ABIGAIL C  
2800 PONCE DE LEON BLVD  
SUITE 1400  
CORAL GABLES, FL 33134 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 CEO  
Name BOUCHER, JAMES  
Address 1451 OCEAN DRIVE, SUITE 205  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name BOUCHER, MICHAEL  
Address 1451 OCEAN DRIVE, SUITE 205  
City-State-Zip: MIAMI BEACH FL 33139

Title VP, SECRETARY, TREASURER  
Name BOUCHER, PERRY  
Address 1451 OCEAN DRIVE, SUITE 205  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name BOUCHER, STEVEN  
Address 1451 OCEAN DRIVE, SUITE 205  
City-State-Zip: MIAMI BEACH FL 33139

Title CFO  
Name CEDRATI, ADAM  
Address 1451 OCEAN DRIVE, SUITE 205  
City-State-Zip: MIAMI BEACH FL 33139

Title AUTHORIZED MEMBER  
Name B&BMANAGEMENT HOLDINGS, INC.  
Address 1451 OCEAN DRIVE, SUITE 205  
City-State-Zip: MIAMI BEACH FL 33139

*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:** ADAM CEDRATI

CFO

04/24/2019

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

\_\_\_\_\_  
Date