

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000115421

**FILED  
Mar 05, 2014  
Secretary of State  
CC0950882265**

**Entity Name:** OFFICE FURNITURE SOLUTIONS OF FLORIDA LLC

**Current Principal Place of Business:**

1751 WEST COPANS ROAD  
SUITE #9 & #10  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

1751 WEST COPANS ROAD  
SUITE #9 & #10  
POMPANO BEACH, FL 33064 FL

**FEI Number:** 46-3428944

**Certificate of Status Desired:** No

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

WAGNER, LISE  
1751 WEST COPANS ROAD  
SUITE #9 & #10  
POMPANO BEACH, FL 33064 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 WAGNER, LISE  
Address 1751 WEST COPANS ROAD, STE #9 & #10  
City-State-Zip: POMPANO BEACH FL 33064

Title MGRM  
Name PINSKY, BRYNA F  
Address 1751 WEST COPANS ROAD, STE #9 & #10  
City-State-Zip: POMPANO BEACH FL 33064

*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:** LISE WAGNER

**MGRM, OWNER**

**03/05/2014**

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

\_\_\_\_\_  
Date