

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001079

**FILED**  
**Mar 27, 2009**  
**Secretary of State**

**Entity Name:** FURNITURE SERVICE AMERICA, LLC

**Current Principal Place of Business:**

1545 NORTHPARK DRIVE  
FT. LAUDERDALE, FL 33326

**New Principal Place of Business:**

1545 NORTHPARK DRIVE  
STE. 101  
FT. LAUDERDALE, FL 33326 US

**Current Mailing Address:**

1545 NORTHPARK DRIVE  
FT. LAUDERDALE, FL 33326

**New Mailing Address:**

1545 NORTHPARK DRIVE  
STE. 101  
FT. LAUDERDALE, FL 33326 US

FEI Number: 30-0139048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANNETT, LETICIA M  
1545 NORTHPARK DRIVE  
FORT LAUDERDALE, FL 33326 US

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

ANNETT, LETICIA M  
1545 NORTHPARK DRIVE  
STE. 101  
FORT LAUDERDALE, FL 33326 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: \_\_\_\_\_

03/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANNETT, LETICIA M  
Address: 1545 NORTHPARK DRIVE  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANNETT, LETICIA M  
Address: 1545 NORTHPARK DRIVE  
City-St-Zip: WESTON, FL 33326 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LETICIA M. ANNETT

MGRM

03/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date