2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003030

1. Entity Name
WIREGRASS FURNITURE AND LUMBER, LLC

Principal Place of Business	Mailing Address
545 MACLAY ROAD TALLAHASSEE, FL 32312	545 MACLAY ROAD TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

01102008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
16-1661659	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GLUESENKAMP, BENJAMIN D
545 MACLAY ROAD
TALLAHASSEE, FL 32312

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   1-11-08
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GLUESENKAMP, BENJAMIN D
STREET ADDRESS	545 MACLAY ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VP
NAME	GLUESENKAMP, GORDON J JR.
STREET ADDRESS	545 MACLAY ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

H00000783002
01/15/08-80097-013 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____   1-11-08   229/877-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #