

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000016374

1. Entity Name
PORT CITY FURNITURE, L.L.C.



Principal Place of Business
**615 N. TARRAGONA STREET
PENSACOLA, FL 32501**

Mailing Address
**615 N. TARRAGONA STREET
PENSACOLA, FL 32501**



06302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|---|
| 4. FEI Number 56-2355765 | Applied For <input type="checkbox"/> |
| | Not Applicable <input checked="" type="checkbox"/> |

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

6. Name and Address of Current Registered Agent

**SAPP, GEORGE R
615 N. TARRAGONA STREET
PENSACOLA, FL 32501**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**U00000766835
07/03/07-80003-001 50.00**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------------|
| TITLE | MGRM |
| NAME | SAPP, GEORGE R |
| STREET ADDRESS | 615 N. TARRAGONA STREET |
| CITY- ST- ZIP | PENSACOLA, FL 32501 |

| | |
|----------------|--------------------------------|
| TITLE | MGRM |
| NAME | SAPP, FRANCES E |
| STREET ADDRESS | 615 N. TARRAGONA STREET |
| CITY- ST- ZIP | PENSACOLA, FL 32501 |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY- ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/30/07

Date

850-438-0060

Daytime Phone #