

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018927

FILED  
Apr 27, 2008  
Secretary of State

**Entity Name:** THOMAS COFFMAN INTERIORS, LLC

**Current Principal Place of Business:**

810 NORTH J STREET  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

2656 SW FAIR ISLE RD  
PORT ST. LUCIE, FL 34987

**New Mailing Address:**

**FEI Number:** 33-1059478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COFFMAN, CAROL A  
C/O PFP ASSOCIATES  
3801 PGA BLVD., #910  
PALM BEACH GARDENS, FL 33410 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** COFFMAN, E. T  
**Address:** 810 NORTH J STREET  
**City-St-Zip:** LAKE WORTH, FL 33460

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** COFFMAN, E. T  
**Address:** 2656 SW FAIR ISLE RD  
**City-St-Zip:** PORT ST. LUCIE, FL 34987

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:** E T COFFMAN

MGRM

04/27/2008

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