

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020896

FILED  
Jul 11, 2008  
Secretary of State

Entity Name: THE FURNITURE COMPANY LLC

**Current Principal Place of Business:**

11160-126 BEACH BLVD.  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

11160-126 BEACH BLVD.  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number: 34-1992910      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

RUSOMAROFF, MIKE K  
11160 - 126 BEACH BLVD  
JACKSONVILLE, FL 32246 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: RUSOMAROFF, MIKE K  
Address: 11160 - 126 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: RUSOMAROFF, JULIE A MGR  
Address: 11160-126 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RUSOMAROFF

OWNE

07/11/2008

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