

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90041 036 \*\*\*\*50.00

**DOCUMENT # L03000027099**

1. Entity Name  
**CAROLINA PLACE FURNITURE GALLERIES, LLC**



Principal Place of Business  
**2795 PETERS HWY  
FORT PIERCE, FL 34945 US**

Mailing Address  
**2795 PETERS HWY  
FORT PIERCE, FL 34945 US**



07012005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0087031**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RAVEN, BEVERLY  
1180 CARLTON CT. A  
FT. PIERCE, FL 34949**

**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

*Beverly Raven, Mgr.*

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

(NOTE: Registered Agent signature required when reinstating)

*7-5-05*

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	RAVEN, BEVERLY
STREET ADDRESS	1180 CARLTON A
CITY-ST-ZIP	FT. PIERCE, FL 34949
TITLE	MGRM
NAME	BOLICK, CHARLES D
STREET ADDRESS	311 4TH AVE. NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	MGRM
NAME	CRIBB, MELVIN B
STREET ADDRESS	6389 WILLOW BOTTOM RD.
CITY-ST-ZIP	HICKORY, NC 28602
TITLE	MGRM
NAME	GEE, DAVID B
STREET ADDRESS	3898 MATTINGLY DR.
CITY-ST-ZIP	HICKORY, NC 28602
TITLE	MGRM
NAME	BOLICK, TIMOTHY R
STREET ADDRESS	724 10TH ST. BLVD. NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Beverly Raven*

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

*7-5-05*

Date

*772-429-2228*

Daytime Phone #