2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018276

Address:

City-St-Zip:

P.O. BOX 419

DUNNELLON, FL 34430

Entity Name: ANCHOR FURNITURE LLC

FILED Jul 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8327 N DUTCH WAY 2515 SHADER ROAD CITRUS SPRINGS, FL 34433 LIS ORLANDO, FL 32804 US **Current Mailing Address: New Mailing Address:** 2515 SHADER ROAD PO BOX 419 DUNNELLON, FL 34430 US ORLANDO, FL 32804 US FEI Number: 20-0959830 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: Name and Address of New Registered Agent: SMK ACCOUNTING 274 WILSHIRE BLVD 232 CASSELBERRY, FL 32707 US 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: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete MELOTT, GARRY W Name: Name: Address: 8327 N. DUTCH WAY Address: City-St-Zip: CITRUS SPRINGS, FL 34433 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: GALLAWA, MIKE Name: Address: 1501 NE 106TH ST Address: City-St-Zip: VANCOUVER, WA 98686 City-St-Zip: Title: () Delete Title: () Change () Addition GROSSMAN, JOEL Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: GARRY MELOTT P 07/06/2009