

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019223

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: FLORIDA HOME FURNISHING SALES GROUP, LLC

**Current Principal Place of Business:**

4545 MARIOTTI COURT, UNIT A  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

4545 MARIOTTI COURT, UNIT B  
SARASOTA, FL 34233 US

**Current Mailing Address:**

4447 MCINTOSH LAKE AVENUE  
SARASOTA, FL 34233

**New Mailing Address:**

4545 MARIOTTI COURT, UNIT B  
SARASOTA, FL 34233 US

FEI Number: 20-0901008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BETTERTON, GREG A  
981 RIDGEWOOD AVENUE  
SUITE 101  
VENICE, FL 34285 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: DCC SALES, INC.,  
Address: 4447 MCINTOSH LAKE AVENUE  
City-St-Zip: SARASOTA, FL 34233 US

Title: MGRM ( ) Delete  
Name: E.B. LUPTON, INC.,  
Address: 11581 S.W. 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM ( ) Delete  
Name: JIM GALUP ENTERPRISE, S, INC.  
Address: 12099 VIA CERCINA DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM ( ) Delete  
Name: SHILESKY VENTURES CO, RP.  
Address: 5224 W. STATE ROAD 46, #371  
City-St-Zip: SANFORD, FL 32771 US

**ADDITIONS/CHANGES:**

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

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

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: DOUGLAS C. COMBS

MGRM

04/03/2009

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