

DOCUMENT# L04000045160

Entity Name: RETAIL FURNITURE OUTLET, L.L.C.

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number: _____ **FEI Number Applied For (X)** _____ **FEI Number Not Applicable ()** _____ **Certificate of Status Desired ()** _____

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCKENZIE, WILLIAM
127 AVE C S E
WINTER HAVEN, FL 33880 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:

Title: MGR () Delete
Name: MCKENZIE, WILLIAM
Address: 127 AVE C S E
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES:

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

Title: COMG () Delete
Name: STALEY, ELDA
Address: 939 LEXINGTON ST
City-St-Zip: LAKELAND, FL 33801

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM MCKENZIE

MGR

04/03/2006

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