

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4/1

FILED
May 30, 2006 8:00 am
Secretary of State

04-28-2006 90016 041 ****50.00

DOCUMENT # L04000094419 1. Entity Name I GOT KIDS FURNITURE OF SARASOTA, L.L.C.	
---	---

Principal Place of Business 4221 S TAMiami TRAIL SARASOTA, FL 34231	Mailing Address 4221 S TAMiami TRAIL SARASOTA, FL 34231
---	---

DO NOT WRITE IN THIS SPACE



04112006No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3803359	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GIBSON, JAMES D ESQ
400 BURNS COURT
SARASOTA, FL 34238**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)

**Filing Fee is \$50.00
Due by May 1, 2006**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACK, GERI 4815 STONERIDGE TRAIL SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Geri C. Black* **5-25-06/941-923-4001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #