

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000099566

1. Entity Name
VICKIE & FRED'S ALMOST NEW FURNITURE, LLC



Principal Place of Business
**17 S MAIN STREET
CHIEFLAND, FL 32626**

Mailing Address
**17 S MAIN STREET
CHIEFLAND, FL 32626**



03142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0162898

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEEN, CAROL V
9831 NW 110 STREET
CHIEFLAND, FL 32626**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DEEN, CAROL V
STREET ADDRESS	9831 NW 110 ST
CITY - ST - ZIP	CHIEFLAND, FL 32626
TITLE	MGRM
NAME	CHAPMAN, FRED T
STREET ADDRESS	9831 NW 110 ST
CITY - ST - ZIP	CHIEFLAND, FL 32626
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000871236
04/09/08-80122-022 138.75

**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: *Carol V Deen*

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

3/24/08 352 493 -2914

Date

Daytime Phone #

CAROL V. DEEN