

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103514

Entity Name: HOUSEHOLD LIQUIDATORS, LLC

FILED
Feb 11, 2008
Secretary of State

Current Principal Place of Business:

6397 OTIS ROAD
NORTH PORT, FL 34287 US

New Principal Place of Business:

10232 DOUGLAS OAKS CIR
APT # 104
TAMPA, FL 33610 US

Current Mailing Address:

6397 OTIS ROAD
NORTH PORT, FL 34287 US

New Mailing Address:

10232 DOUGLAS OAKS CIR
APT # 104
TAMPA, FL 33610 US

FEI Number: 20-3687191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY, MELISSA A
6397 OTIS ROAD
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

HENRY, MELISSA A
10232 DOUGLAS OAKS CIR
APT # 104
TAMPA, FL 33610 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: MELISSA A HENRY

02/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENRY, MELISSA A
Address: 6397 OTIS ROAD
City-St-Zip: NORTH PORT, FL 34287 US

Title: MGRM (X) Delete
Name: UMBERG, PATRICIA K
Address: 8831 CARLTON CT.
City-St-Zip: NORTH PORT, FL 34287 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HENRY, MELISSA A
Address: 10232 DOUGLAS OAKS CIR APT 104
City-St-Zip: TAMPA, FL 33610 US

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: MELISSA A HENRY

MGRM

02/11/2008

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