2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000123319

1. Entity Name
FREEDMAN OFFICE FURNITURE, LLC

Principal Place of Business	Mailing Address
3935 W. CYPRESS STREET TAMPA, FL 33607	3935 W. CYPRESS STREET TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4012207	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

HEWITT, LYNDSEY
FREEDMAN OFFICE FURNITURE
3935 W. CYPRESS STREET
TAMPA, FL 33607

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 _____   4/1/08
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

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9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	FREEDMAN, STEVEN
STREET ADDRESS	3935 W CYPRESS ST
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	
NAME	
STREET ADDRESS	
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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: _____ Steven Freedman 4/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #