

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000009696

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** TURNER FURNITURE OF THOMASVILLE, LLC

**Current Principal Place of Business:**

317 INDUSTRIAL BLVD.  
THOMASVILLE, GA 31792

**New Principal Place of Business:**

**Current Mailing Address:**

317 INDUSTRIAL BLVD.  
THOMASVILLE, GA 31792

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

LOVETT, JOHN C  
106 EAST COLLEGE AVE., SUITE 1200  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: TURNER, S. RUSSELL JR.  
Address: 317 INDUSTRIAL BLVD.  
City-St-Zip: THOMASVILLE, GA 31792

**ADDITIONS/CHANGES:**

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: RUSSELL TURNER

MGR

03/25/2009

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