

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000053932

FILED
Jun 30, 2008
Secretary of State**Entity Name:** ALL AMERICAN FURNITURE LLC**Current Principal Place of Business:**54 EAST 5TH ST.
APOPKA, FL 32703**New Principal Place of Business:****Current Mailing Address:**54 EAST 5TH ST.
APOPKA, FL 32703**New Mailing Address:****FEI Number:** 22-3933455**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KIM, YOUNG
54 EAST 5TH ST.
APOPKA, FL 32703 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:** MGRM () Delete
Name: KIM, HAI Y MGRM
Address: 54 EAST 5TH ST.
City-St-Zip: APOPKA, FL 32703 US**Title:** MGRM () Delete
Name: KIM, RICHARD MGRM
Address: 54 EAST 5TH ST.
City-St-Zip: APOPKA, FL 32703 US**Title:** MGR (X) Delete
Name: KIM, YOUNG MEMBER
Address: 54 EAST 5TH ST.
City-St-Zip: APOPKA, FL 32703 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: KIM, HAI Y
Address: 54 EAST 5TH ST.
City-St-Zip: APOPKA, FL 32703 US**Title:** MGRM (X) Change () Addition
Name: KIM, YOUNG
Address: 13 EAST 5TH ST.
City-St-Zip: APOPKA, FL 32703 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: YOUNG KIM

MGRM

06/30/2008

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