

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000055244

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** TURNER FURNITURE OF MOBILE, 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:** 58-0673620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALLACE, NANCY M  
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  
**Name:** TURNER, S. RUSSELL  
**Address:** 317 INDUSTRIAL BLVD.  
**City-St-Zip:** THOMASVILLE, GA 31792

I hereby 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: SCOTT RUSSELL TURNER JR

PRES

04/01/2011

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