2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000092188

1. Entity Name

MONICA'S FINE FURNITURE AND HOME DECOR, LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

7600 DR. PHILLIPS BLVD SE 170 ORLANDO, FL 32819 Mailing Address

7600 DR. PHILLIPS BLVD SE 170 ORLANDO, FL 32819



04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For	
20-5226379	Not Applicab	ie
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

BULLARD, MONA W 7600 DR. PHILLIPS BLVD SE 170 ORLANDO, FL 32819

DO NOT WRITE In this space

ORLANDO	7, FL 32019	III. THIS SPACE			
	named entity submits this statement for the purpose of cha- ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typac or printed reme of registered agent end talls (egglicable.	(NOTE: Registere Agent signeture required when reinstating) OATE			
	organized spine to present resident in 1992 and a square and state 1 approache.	And it individuals with a software with individuality.			
FILE After Maj	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				
NAME	BULLARD, MONA W				
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is the and accurate and the my simplify and the same legal offset as if made under each that I am a manager of the					

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF AUTHORIZED REPRESENTATIVE

4124 / 0X

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