

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042475

Entity Name: IDLEWILD FURNISHINGS, LLC

FILED
May 20, 2009
Secretary of State

Current Principal Place of Business:

3460 FAIRLANE FARMS RD
SUITE 10
WEST PALM BEACH, FL 33414

Current Mailing Address:

3460 FAIRLANE FARMS RD
SUITE 10
WEST PALM BEACH, FL 33414

New Principal Place of Business:

13501 SOUTH SHORE BLVD,
SUITE 102
WELLINGTON, FL 33414

New Mailing Address:

13501 SOUTH SHORE BLVD,
SUITE 102
WELLINGTON, FL 33414

FEI Number: 26-0569012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HARDING, GEORGE E
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

LORDI, TARA A
13501 SOUTH SHORE BLVD.
102
WELLINGTON, FL 33414 US

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: TARA A. LORDI

05/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGER () Delete
Name: TARA, LORDI
Address: 11864 PEBBLEWOOD DRIVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGER (X) Change () Addition
Name: TARA, LORDI
Address: 13501 SHORE SHORE BLVD. STE 102
City-St-Zip: WELLINGTON, FL 33414

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: TARA A. LORDI

MGR

05/20/2009

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