

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106615

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** HOME FASHIONS BY LIZ, LLC

**Current Principal Place of Business:**

1763 GERALDINE DRIVE  
SUITE B  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

1010 E. ADAMS STREET  
SUITE 240  
JACKSONVILLE, FL 32202 US

**Current Mailing Address:**

1763 GERALDINE DRIVE  
SUITE B  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

2294 PEACH DRIVE  
JACKSONVILLE, FL 32246 US

**FEI Number:** 26-1183641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RINE, ELIZABETH U  
2294 PEACH DRIVE  
JACKSONVILLE, FL 32246 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:** RINE, ELIZABETH U  
**Address:** 2294 PEACH DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32246

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:** ELIZABETH U RINE

MGR

04/27/2010

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