# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 18, 2009**
**Secretary of State**

DOCUMENT# L07000121538

**Entity Name:** ROWE INTERIORS, LLC

**Current Principal Place of Business:**

674 LAKE DOE BLVD.
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

674 LAKE DOE BLVD.
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number: 26-1522535** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

ROWE, GAIL R
674 LAKE DOE BLVD
APOPKA, FL FL 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 ( ) Delete
Name: ROWE, ROBERT S
Address: 674 LAKE DOE BLVD
City-St-Zip: APOPKA, FL 32703

Title: MGR ( ) Delete
Name: ROWE, JASON D
Address: 698 LAKE DOE BLVD
City-St-Zip: APOPKA, FL 32703

Title: MGR (X) Delete
Name: ROWE, MIKE S
Address: 526 CHARLESWOOD AVE
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT S. ROWE MGR 04/18/2009

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