

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084358

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** APPLIANCE LIQUIDATION OUTLET, LLC

**Current Principal Place of Business:**

10925 US HWY, 19, N.  
CLEARWATER, FL 33760

**New Principal Place of Business:**

10925 US HWY 19 N.  
CLEARWATER, FL 33760

**Current Mailing Address:**

600 DRUID RD EAST  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 27-0821973      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MOYLES, JAMES W III  
600 DRUID RD EAST  
CLEARWATER, FL 33756      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:** MGRM  
**Name:** MOYLES, JAMES W III  
**Address:** 600 DRUID ROAD EAST  
**City-St-Zip:** CLEARWATER, FL 33756

**Title:** MGR  
**Name:** BECK, DEREK  
**Address:** 600 DRUID ROAD EAST  
**City-St-Zip:** CLEARWATER, FL 33756

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: JAMES W MOYLES III      MGRM      01/14/2010

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