

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108268

**Entity Name:** FURNISHING NEEDS, LLC

**FILED**  
**Jun 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

16 TOMOKA OAKS BLVD.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

16 TOMOKA OAKS BLVD.  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 27-1236989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOSON, CHRISANN  
16 TOMOKA OAKS BLVD.  
ORMOND BEACH, FL 32174 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:** JOSON, CHRISANN  
**Address:** 16 TOMOKA OAKS BLVD.  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** MGRM  
**Name:** GRAYSON, KORY L  
**Address:** PO BOX 730192  
**City-St-Zip:** ORMOND BEACH, FL 32173

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:** CHRISANN JOSON

CEO

06/18/2010

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