

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000025133

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** HUDSON SQUARE FURNITURE OUTLET, LLC

**Current Principal Place of Business:**

14158 US 19  
HUDSON SQUARE  
HUDSON, FL 336173004

**New Principal Place of Business:**

**Current Mailing Address:**

10912 N 56TH STREET  
TEMPLE TERRACE, FL 336173004 US

**New Mailing Address:**

**FEI Number:** 27-2048033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOSS, TRENT C  
10912 N 56TH STREET  
TEMPLE TERRACE, FL 336173004 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:** GOSS, TRENT C  
**Address:** 10912 N 56TH STREET  
**City-St-Zip:** TEMPLE TERRACE, FL 336173004 US

**Title:** MGRM  
**Name:** FRIDELLA, MICHAEL C  
**Address:** 10912 N 56TH STREET  
**City-St-Zip:** TEMPLE TERRACE, FL 336173004 US

**Title:** MGRM  
**Name:** MC DUFFIE, JOHN B  
**Address:** 10912 N 56TH STREET  
**City-St-Zip:** TEMPLE TERRACE, FL 336173004 US

**Title:** MGRM  
**Name:** GOSS, JAMES C  
**Address:** 10912 N 56TH STREET  
**City-St-Zip:** TEMPLE TERRACE, FL 336173004 US

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:** TRENT GOSS

MGRM

02/19/2011

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