

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002237

Entity Name: DCI FURNITURE, LC

FILED
Mar 23, 2008
Secretary of State

Current Principal Place of Business:

18346 NE 2ND AVE
MIAMI, FL 333794424 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1543
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0868385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSSEIN, MORAD
1745 SW 81 WAY
DAVIE, FL 33324 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: MORAD, HUSSEIN
Address: 18346 NE 2ND AVE
City-St-Zip: MIAMI, FL 33179

Title: MGR () Delete
Name: MELITA TAYLOR DE ZAM, ORA
Address: 18346 NE 2ND AVE
City-St-Zip: MIAMI, FL 33179

Title: MGR () Delete
Name: ZAMORA GUILL, ERNESTO
Address: 18346 NE 2ND AVE
City-St-Zip: MIAMI, FL 33179

Title: MGR () Delete
Name: ALICIA BROOKS TAYLOR,
Address: 1745 SW 81 WAY
City-St-Zip: DAVIE, FL 33324 US

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:

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: HUSSEIN A. MORAD

MGR

03/23/2008

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