


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000000960 1. Entity Name AMERICA'S THRIFT STORES OF FLORIDA, LLC	
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Principal Place of Business 1248 CENTER POINT PKWY. BIRMINGHAM, AL 35215	Mailing Address 1248 CENTER POINT PKWY. BIRMINGHAM, AL 35215
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03062008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 94-3424392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000871006  
 04/09/08-90113-011 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALMON, JAMES B CEO 1248 CENTER POINT PKWY. BIRMINGHAM, AL 35215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVIS, TIMOTHY E COO 1248 CENTER POINT PARKWAY BRIMINGHAM, AL 35215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, MICHAEL L CFO 1248 CENTER POINT PARKWAY BRIMINGHAM, AL 35215
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Michael Jones, Michael Jones*

*3/17/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #