

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000000985

1. Entity Name
THOMASVILLE OFFICE FURNITURE, L.L.C.



FILED
Aug 04, 2008 08:00 AM
Secretary of State

Principal Place of Business
925 CAMPBELL STREET
THOMASVILLE, GA 31792

Mailing Address
925 CAMPBELL STREET
THOMASVILLE, GA 31792



05272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1992387	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

BERLING, JOHN
6175 VIRWOOD DRIVE
PENSACOLA, FL 32504

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEE, DENNIS G
STREET ADDRESS	P.O. BOX 260
CITY-ST-ZIP	THOMASVILLE, GA 31799

TITLE	
NAME	
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CITY-ST-ZIP	

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U00000956946
08/04/08-80002-025 138.75

**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: Glenda Avera

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

7/31/08

Date

229-226-5707

Daytime Phone #