

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90102 045 ****50.00

DOCUMENT # M05000000131

1. Entity Name
HENDRICKS FURNITURE GROUP, LLC



Principal Place of Business
**1123 4TH STREET, SW
CONOVER, NC 28613**

Mailing Address
**1123 4TH STREET, SW
CONOVER, NC 28613**

60055706



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09052007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
56-0535865

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOK, LARRY
14831 PARK LAKE DRIVE PH2
FORT MYERS, FL 33919**

Name **BRIAN NOBLES**
Street Address (P.O. Box Number is Not Acceptable)

11056 LAKELAND CIR
City **FORT MYERS** FL Zip Code **33917**

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 **BRIAN NOBLES**

DATE **9-5-07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HENDRICKS, LARRY G
1123 4TH STREET, SW
CONOVER, NC 28613** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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: **Scott Lever**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **9/5/07**

DAYTIME PHONE # **828-348-5227**