

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003851

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN CLOSEOUT WHOLESALE, LLC

**Current Principal Place of Business:**

500 SOUTH FALKENBURG  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH FALKENBURG  
TAMPA, FL 33619

**New Mailing Address:**

974 HWY 51 N  
COVINGTON, TN 38019

**FEI Number:** 77-0660860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KENT, MICHAEL  
500 SOUTH FALKENBURG  
TAMPA, FL 33619 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  
Name: KENT, MICHAEL  
Address: 974 HWY 51 N  
City-St-Zip: COVINGTON, TN 38019

Title: MGR  
Name: KENT, TIFFANY  
Address: 974 HWY 51 N  
City-St-Zip: COVINGTON, TN 38019

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: MICHAEL KENT

MGR

04/30/2012

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