

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L15942

Entity Name: FURNITURE LIQUIDATORS, INC.**Current Principal Place of Business:**9230 ATLANTIC BLVD
JACKSONVILLE, FL 32225**Current Mailing Address:**11815 N MAIN ST
JACKSONVILLE, FL 32218 US**FEI Number:** 59-2969398**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUST, ADRIAN
50 NORTH LAURA STREET
#3000
JACKSONVILLE, FL 32202 US*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**Officer/Director Detail :**

Title	PD
Name	GAVRONSKY, AARON
Address	11815 N MAIN STREET
City-State-Zip:	JACKSONVILLE FL 32218

Title	VDTS
Name	GREEN, CHRISTINA B
Address	8460 FORT CAROLINE ROAD
City-State-Zip:	JACKSONVILLE FL 32277

Title	TREASURER
Name	GAVRONSKY, JOSHUA CALEB
Address	11815 N MAIN STREET
City-State-Zip:	JACKSONVILLE FL 32218

Title	ASST. TREASURER
Name	GAVRONSKY, SETH
Address	11815 N MAIN ST
City-State-Zip:	JACKSONVILLE FL 32218

Title	SECRETARY
Name	SARAH, CANTOR
Address	11815 N MAIN ST
City-State-Zip:	JACKSONVILLE FL 32218

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSHUA GAVRONSKY

TREASURER

02/15/2024

Electronic Signature of Signing Officer/Director Detail_____
Date