

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000056168

**Entity Name:** 1915 SOUTH DISTRIBUTION OF NORTH CAROLINA, LLC

**Current Principal Place of Business:**

1165 WEST JACKSON STREET  
THOMASVILLE, GA 31792

**Current Mailing Address:**

C/O TURNER FURNITURE HOLDINGS CORP.  
PO BOX 1427  
THOMASVILLE, GA 31799-1427 US

**FEI Number:** 58-0673620

**Certificate of Status Desired:** No

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

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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            TURNER, S. RUSSELL JR  
Address        PO BOX 1427  
City-State-Zip: THOMASVILLE GA 31799-1427

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** S. RUSSELL TURNER, JR.

**OWNER**

**01/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date