

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000091835

**FILED**  
**Feb 09, 2018**  
**Secretary of State**  
**CC0990606596**

**Entity Name:** THE RUG STORE, LLC

**Current Principal Place of Business:**

1610 NORTH HERCULES AVENUE, SUITE 1  
CLEARWATER, FL 33765

**Current Mailing Address:**

1610 NORTH HERCULES AVENUE, SUITE 1  
CLEARWATER, FL 33765

**FEI Number:** 81-2622078

**Certificate of Status Desired:** No

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

LYONS, GARY W ESQ.  
311 SOUTH MISSOURI AVENUE  
CLEARWATER, FL 33756 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           MANAGER  
Name           PHILLIPS, TERRY  
Address        1610 NORTH HERCULES AVENUE,  
                  SUITE 1  
City-State-Zip: CLEARWATER FL 33765

Title           SECRETARY  
Name           SUPAK, THOMAS D  
Address        1610 NORTH HERCULES AVENUE,  
                  SUITE 1  
City-State-Zip: CLEARWATER FL 33765

Title           TREASURER  
Name           PHILLIPS, OLGA  
Address        1610 NORTH HERCULES AVENUE,  
                  SUITE 1  
City-State-Zip: CLEARWATER FL 33765

*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:** TERRY PHILLIPS

**MANAGER**

**02/09/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date