

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000369902

**Entity Name:** ITALIAN FURNITURE CONNECTION, LLC.

**Current Principal Place of Business:**

209 6TH ST NE  
FORT MEADE, FL 33841

**Current Mailing Address:**

209 6TH ST NE  
FORT MEADE, FL 33841 UN

**FEI Number: 87-2840023**

**Certificate of Status Desired: No**

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

HARRIS, CARLTON W  
209 6TH ST NE  
FORT MEADE, FL 33841 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 MGR  
Name HARRIS, CARLTON W  
Address 209 6TH ST NE  
City-State-Zip: FORT MEADE FL 33841

Title MGR  
Name HARRIS, SUE C  
Address 209 6TH ST NE  
City-State-Zip: FORT MEADE FL 33841

Title MGR  
Name MORRIS, RICHARD HENRY  
Address 1825 OAK STREET  
City-State-Zip: CLEARWATER FL 33760

Title MGR  
Name MORRIS, PATRICIA LYNN  
Address 1825 OAK STREET  
City-State-Zip: CLEARWATER FL 33760

*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: CARLTON HARRIS**

**PRESIDENT**

**04/04/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date