


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000003492

1. Entity Name
STOGIES, LLC



Principal Place of Business
**KIPP WHALEY
 342 GREEN DOLPHIN DRIVE
 PLACIDA FL 33946**

Mailing Address
**KIPP WHALEY
 342 GREEN DOLPHIN DRIVE
 PLACIDA FL 33946**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE GR2E083 (10/07)

City & State
 Zip Country

4. FEI Number **01-0642484**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**WHALEY, KIPP
 342 GREEN DOLPHIN DRIVE
 PLACIDA FL 33946**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title (see instructions) (NOTE: Registered Agent's signature required when registering) Date

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS /CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHALEY, KIPP 342 GREEN DOLPHIN DRIVE PLACIDA FL 33946	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000250279 03/21/08-80057-016 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Kipp Whaley 3-5-8 941 457-7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Paid