

FILED
Aug 27, 2003 8:00 am
Secretary of State


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08-01-2003 90023 020 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000003492

1. Entity Name
STOGIES, LLC



Principal Place of Business Mailing Address
 1489 FORAND CIRCLE 1489 FORAND CIRCLE
 PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952

2. Principal Place of Business 3. Mailing Address
Kipp Whaley **Kipp Whaley**
342 Green Dolphin Drive **342 Green Dolphin Drive**
 City & State City & State
Placida, FL 33946 **Placida, FL 33946**

Zip Country Zip Country

55055078

[REDACTED]

CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
01-0642484 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

WHIGHAM, DAVID L ESQ. **Kipp Whaley**
 18401 MURDOCK CIRCLE **342 Green Dolphin Drive**
 PORT CHARLOTTE FL 33948 **Placida, FL 33946**

City State City State

8. The above named entry 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: *Kipp Whaley* DATE: **8/22/3**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
	president Kipp Whaley 342 Green Dolphin Drive Placida, FL 33946		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 60B, Florida Statutes.

SIGNATURE: *Kipp Whaley* DATE: **7/28/3** PHONE: **941 766-1161**

SIGNATURE AND TYPED OR PRINTED NAME OF GOING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)