

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000092989

Entity Name: SOGO PENSACOLA, LLC

Current Principal Place of Business:

500 SOUTH PALAFOX STREET
SUITE 200
PENSACOLA, FL 32502

Current Mailing Address:

500 SOUTH PALAFOX STREET
SUITE 200
PENSACOLA, FL 32502 US

FEI Number: 45-2978006

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRISON, CAROL
500 SOUTH PALAFOX STREET
SUITE 200
PENSACOLA, FL 32502 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 MGRP
Name AMERICAN FIDELITY LIFE
INSURANCE CO
Address 500 SOUTH PALAFOX STREET
SUITE 200
City-State-Zip: PENSACOLA FL 32502

Title MGRP
Name MAXWELL, RANDY
Address 40 S PALAFOX PLACE, SUITE 202
City-State-Zip: PENSACOLA FL 32502

Title MGRP
Name SPENCER, BRIAN K
Address 40 S. PALAFOX PLACE, SUITE 202
City-State-Zip: PENSACOLA FL 32502

Title MGMM
Name HESS, MARILYN
Address 500 SOUTH PALAFOX STREET
SUITE 200
City-State-Zip: PENSACOLA FL 32502

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: CAROL B. HARRISON

TREASURER

01/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date