

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092989

**Entity Name:** SOGO PENSACOLA, LLC**Current Principal Place of Business:**4060 BARRANCAS AVENUE  
PENSACOLA, FL 32507**Current Mailing Address:**4060 BARRANCAS AVENUE  
PENSACOLA, FL 32507**FEI Number:** 45-2978006**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRISON, CAROL  
4060 BARRANCAS AVENUE  
PENSACOLA, FL 32507 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	4060 BARRANCAS AVENUE
City-State-Zip:	PENSACOLA FL 32507
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	4060 BARRANCAS AVENUE
City-State-Zip:	PENSACOLA FL 32507

*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

ADMIN ASST

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date