LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003238

1. Entity Name

POGONI LAND TRUST, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3357 RAMBLEWOOD COURT

Suite, Apt. #, etc.

City & State
SARASOTA, FL

Zip
34237

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3710619

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DIMITRIOS TSIOGAS

Street Address (P.O. Box Number is Not Acceptable)
3357 RAMBLEWOOD COURT

City SARASOTA,   FL   Zip Code 34237

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	DIMITRIOS TSIOGAS	NAME	
STREET ADDRESS	3357 RAMBLEWOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-01-2002
Date

941
955-5220
Daytime Phone #