

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

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90278 001 \*\*\*165.00

DOCUMENT # **L01000003240**

1. Entity Name **POGONI INVESTMENTS, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3357 RAMBLEWOOD CT**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

Zip

**34237**

Country

Zip

Country

4. FEI Number

**65-1095965**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

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 **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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
STEVE KRANIAS  
15605 EASTBOURNE DRIVE  
ODESSA, FL 35556**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
TINA KRANIAS  
15605 EASTBOURNE DRIVE  
ODESSA, FL 35556**

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

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IN THIS SPACE**

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** **941** **955-5280**

Date

Daytime Phone #

CR2E083B (12/01)