

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000007102

1. Entity Name
PHOGH ENTERPRISES LLC



Principal Place of Business
**632 SE STARFLOWER AVE
PORT ST. LUCIE, FL 34983**

Mailing Address
**632 SE STARFLOWER AVE
PORT ST. LUCIE, FL 34983**



02052005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2317645	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRADLEY, MICHAEL JR.
632 SE STARFLOWER AVE.
PORT ST. LUCIE, FL 34983**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADLEY, MICHAEL JR 632 SE STARFLOWER AVE PORT SAINT LUCIE, FL 34983
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADLEY, JOSHUA P 632 SE STARFLOWER AVE PORT ST. LUCIE, FL 34983
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADLEY, MISTI D 632 SE STARFLOWER AVE PORT ST. LUCIE, FL 34983
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/14/05-80029-017 50.00

**DO NOT WRITE
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)(f), 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.