

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90004 042 ****50.00

DOCUMENT # L02000018010



1. Entity Name
BOGAN PROPERTIES, LLC

Principal Place of Business

**100 SOUTH ALCANIZ STREET
PENSACOLA FL 32501**

Mailing Address

**100 SOUTH ALCANIZ STREET
PENSACOLA FL 32501**

2. Principal Place of Business

1001 EAST BELMONT STREET

Suite, Apt. #, etc.

3. Mailing Address

1001 EAST BELMONT STREET

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

54-2082102

Applied For

Not Applicable

Zip

32501

Country

USA

Zip

32501

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOGAN, M.P. JR.
100 SOUTH ALCANIZ STREET
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **BOGAN, M.P. JR.**

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

1001 EAST BELMONT STREET

City **PENSACOLA**

FL

Zip Code **32501**

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

M.P. Bogan Jr.

09-24-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BOGAN, M.P. JR**
STREET ADDRESS **100 SOUTH ALCANIZ STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

M.P. Bogan Jr.

09-24-03 850-433-6573

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

Date

Daytime Phone #

CR2E083 (4/03)