

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90039 007 ****50.00

DOCUMENT # L03000006631

1. Entity Name
LOGUE HOLDINGS, LLC



Principal Place of Business
6076 EAGLE WATCH COURT
NORTH FORT MYERS, FL 33917

Mailing Address
6076 EAGLE WATCH COURT
NORTH FORT MYERS, FL 33917

40070033



2. Principal Place of Business - No P.O. Box #
6296 CORPORATE COURT

3. Mailing Address
6296 CORPORATE COURT

Suite, Apt. #, etc.
B 102

Suite, Apt. #, etc.
B 102

04132007 Chg-LLC CR2E083 (12/06)

City & State
FT. MYERS FL

City & State
FT. MYERS FL

4. FEI Number
02-0675339

Applied For
Not Applicable

Zip
33919 Country
USA

Zip
33919 Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGUE, PATRICK
6076 EAGLE WATCH COURT
NORTH FORT MYERS, FL 33917

7. Name and Address of New Registered Agent

Name

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

6296 CORPORATE COURT B 102

City FT. MYERS

FL

Zip Code
33919

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 PATRICK LOGUE

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

(NOTE: Registered Agent signature required when reinstating)

4-15-07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LOGUE, PATRICK
6076 EAGLE WATCH COURT
NORTH FORT MYERS, FL 33917 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
6296 CORPORATE COURT B 102
FT. MYERS, FL 33919

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

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

4-15-07

Date

239-333-1137

Daytime Phone #