

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000007649

1. Entity Name
SOGANOFLA, LLC



Principal Place of Business
411 EAST GEORGIA STREET
TALLAHASSEE, FL 32308

Mailing Address
411 EAST GEORGIA STREET
TALLAHASSEE, FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0805571

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURKE, NANCY M ESQ.
106 EAST COLLEGE AVENUE, SUITE 1200
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILLIAMS, J. LARRY
411 EAST GEORGIA STREET
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600057477736
07/14/05--01067--008 **50.00

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

7/6/05 (250)224-9634

FILED
05 JUL 12 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

