2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2008
Secretary of State

DOCUMENT# L04000075114

Entity Name: GOGH FAUX ENTERPRISES, LLC

Current Principal Place of Business:

3187 ALBIN AVE
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

3187 ALBIN AVE.
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 01-6628832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HIGGINS, BJ
3187 ALBIN AVE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	HIGGINS, BJ	
Address:	3187 ALBIN AVE	
City-St-Zip:	NORTH PORT, FL 34286	
Title:	MGRM	( ) Delete
Name:	HIGGINS, BEVERLY JANE	
Address:	124 HAPPY HAVEN DRIVE, LOT #15	
City-St-Zip:	OSPREY, FL 34229	
Title:	MGRM	( ) Delete
Name:	GAGE, JULIE ANN	
Address:	3187 ALBIN AVE.	
City-St-Zip:	NORTH PORT, FL 34286	
Title:	MGRM	( ) Delete
Name:	KONZ, BRITTANY JANE	
Address:	3187 ALBIN AVE.	
City-St-Zip:	NORTH PORT, FL 34286	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	HIGGINS, BEVERLY JANE	
Address:	114 SIERRA ST N	
City-St-Zip:	NOKOMIS, FL 34275	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BETHANY J. HIGGINS MGR 09/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date