

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000014067

Entity Name: GOGAN TRUST, LLC

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1245 PAR VIEW  
SANIBEL, FL 33957

**New Principal Place of Business:**

2345 W CEDAR LANE  
RIVER HILLS, WI 53217

**Current Mailing Address:**

1245 PAR VIEW  
SANIBEL, FL 33957

**New Mailing Address:**

2345 W CEDAR LANE  
RIVER HILLS, WI 53217

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASSIE, CHARLES ABELS  
12065 MCIRO PARKWAY, SUITE 101  
FORT MYERS, FL 33912 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: CHARLES ABELS MASSIE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOGAN, LINDA A MRS.  
Address: 2345 W CEDAR LANE  
City-St-Zip: RIVER HILLS, WI 53217 US

I hereby 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: LINDA A GOGAN

MGRM

01/24/2011

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