

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90092 019 ****50.00

DOCUMENT # L06000016904

1. Entity Name
HOGAN'S IMPORTED CABINETS & FURNITURE LLC



Principal Place of Business
**394 S YONGE ST.
SUITE B
ORMOND BEACH, FL 32174**

Mailing Address
**394 S YONGE ST.
SUITE B
ORMOND BEACH, FL 32174**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



06052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5700556

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HOGAN, ROSA M
430 ROBERTS ROAD
PIERSON, FL 32180**

7. Name and Address of New Registered Agent

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

**124 South St.
City Daytona Beach FL Zip Code 32114**

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 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **HOGAN, JESSICA R**
STREET ADDRESS **518 HOLLY ST**
CITY-ST-ZIP **SOUTH DAYTONA, FL 32119**

TITLE **MGR** ☐ Delete
NAME **CHARLES**
STREET ADDRESS **394 S YONGE ST**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Rosa M. Hogan**
STREET ADDRESS **430 Roberts Rd.**
CITY-ST-ZIP **Pierson FL 32180**

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

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

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:

Rosa M. Hogan

6-28-07 386-677-2090

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

Date

Daytime Phone #