

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016904

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** HOGAN'S IMPORTED CABINETS & FURNITURE LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-5700556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEV CO  
124 SOUTH ST  
DAYTONA BEACH, FL 32114 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: CHARLES  
Address: 394 S YONGE ST  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete  
Name: HOGAN, ROSA M  
Address: 430 ROBERTS RD  
City-St-Zip: PIERSON, FL 32180

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CHARLES HOGAN  
Address: 394 S YONGE ST  
City-St-Zip: ORMOND BEACH, FL 32174

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: CHARLES HOGAN

MGR

03/02/2009

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