

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/

FILED
Sep 02, 2008 8:00 am
Secretary of State

08-06-2008 90030 005 ***138.75

DOCUMENT # L07000097514 1. Entity Name COGIN ENTERPRISES, LLC					
Principal Place of Business 9191 RG SKINNER PARKWAY SUITE 104 JACKSONVILLE, FL 32256			Mailing Address 9191 RG SKINNER PARKWAY SUITE 104 JACKSONVILLE, FL 32256		
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	4. FEI Number 26-1128349	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COGIN, LYNNE 9191 RG SKINNER PARKWAY SUITE 104 JACKSONVILLE, FL 32256			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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____					
FILE NOW!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COGIN, LYNNE 9191 RG SKINNER PARKWAY #104 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COGIN, BOB 9191 RG SKINNER PARKWAY #104 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u>Lynne M. Coggin</u> Lynne M. Coggin			08/01/08 904 363 8844		

30011104



08012008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1128349** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COGIN, LYNNE
9191 RG SKINNER PARKWAY
SUITE 104
JACKSONVILLE, FL 32256

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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JACKSONVILLE, FL 32256**

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