

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096443

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** WOGAN'S CUSTOM CABINETS AND REFACING LLC.

**Current Principal Place of Business:**

9344 LOCKHEED LANE  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

9344 LOCKHEED LANE  
JACKSONVILLE, FL 32221

**New Mailing Address:**

**FEI Number:** 80-0282693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATRICK WOGAN, RICHARD  
9344 LOCKHEED LANE  
JACKSONVILLE, FL 32221 US

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

WOGAN, RICHARD P  
9344 LOCKHEED LANE  
JACKSONVILLE, FL 32221 US

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: RICHARD WOGAN

03/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WOGAN, RICHARD P  
Address: 9344 LOCKHEED LANE  
City-St-Zip: JACKSONVILLE, FL 32221

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: RICHARD WOGAN

MGR

03/16/2011

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