

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000005305

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** LOUGHIN, LLC.

**Current Principal Place of Business:**

680 HARBOR LANE  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

680 HARBOR LANE  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 26-4133600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARRAZABAL, MARTA L  
220 MIRACLE MILE  
SUITE 217  
CORAL GABLES, FL 33134 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  
**Name:** HOLLOWAY, DEAN L  
**Address:** 680 HARBOR LANE  
**City-St-Zip:** KEY BISCAYNE, FL 33149

**Title:** S  
**Name:** HOLLOWAY, AUDREY M  
**Address:** 680 HARBOR LANE  
**City-St-Zip:** KEY BISCAYNE, FL 33149

**Title:** T  
**Name:** HOLLOWAY, CAROLINE M  
**Address:** 680 HARBOR LANE  
**City-St-Zip:** KEY BISCAYNE, FL 33149

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:** DEAN L. HOLLOWAY

MGRM

05/01/2012

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