

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90168 038 \*\*\*\*50.00

DOCUMENT # **L 99000003951**

1. Entity Name

**Mougey Enterprises, L.L.C**

**DO NOT WRITE IN THIS SPACE**

**B0049605**

2. Principal Place of Business

**3830 Navy Blvd**

Suite, Apt. #, etc.

**Suite B**

City & State

**Pensacola FL**

Zip

Country

**32507 U.S.**

3. Mailing Address

**416 Ft. Pickens Rd.**

Suite, Apt. #, etc.

**Unit 416**

City & State

**Pensacola Beach FL**

Zip

Country

**32561 U.S.**

4. FEI Number

**593587020**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Peter Mougey**

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

**416 Ft Pickens Rd.**

City

**Pensacola Beach FL**

Zip Code

**32561**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**president/owner  
Peter mougey MGRM  
416 Ft Pickens Rd.  
Pensacola Beach, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**manager / MGR  
Katrina mougey  
416 Ft Pickens Rd.  
Pensacola Beach FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Peter Mougey**

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

Date

Daytime Phone #

**owner 3/13/02 850432-0610**