

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000004209

**Entity Name:** O'GUIN DECORATIVE ARTS, L.L.C.

**Current Principal Place of Business:**

1826 TRADE CENTER WAY  
SUITE F  
NAPLES, FL 34109

**Current Mailing Address:**

1826 TRADE CENTER WAY  
SUITE F  
NAPLES, FL 34109 US

**FEI Number:** 20-0606006

**Certificate of Status Desired:** No

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

O'GUIN, LIZBETH L  
7840 CLEMSON ST.  
202  
NAPLES, FL 34104 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	O'GUIN, CHRISTOPHER	Name	O'GUIN, MICHAEL W
Address	5720 WESTPORT LANE	Address	7840 CLEMSON ST, 202
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34104
Title	MGRM	Title	MGRM
Name	O'GUIN, LIZBETH L	Name	O'GUIN, CORY P
Address	7840 CLEMSON ST, 202	Address	1053 PINE ISLE LN
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34112

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LIZBETH L O'GUIN

**MGRM**

**04/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date