

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000104157

**Entity Name:** COGGIN PROPERTIES, LLC

**Current Principal Place of Business:**

232 MAY CIRCLE  
CHIPLEY, FL 32428

**Current Mailing Address:**

P.O. BOX 432  
CHIPLEY, FL 32428

**FEI Number:** 27-1210728

**Certificate of Status Desired:** No

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

CARMICHAEL, LUCIA  
232 MAY CIRCLE  
CHIPLEY, FL 32428 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           | MANAGER             |
| Name            | CARMICHAEL, LUCIA | Name            | CARMICHAEL, WHITNEY |
| Address         | P.O. BOX 432      | Address         | P. O. BOX 432       |
| City-State-Zip: | CHIPLEY FL 32428  | City-State-Zip: | CHIPLEY FL 32428    |
|                 |                   |                 |                     |
| Title           | MANAGER           |                 |                     |
| Name            | CARMICHAEL, ETHAN |                 |                     |
| Address         | P.O. BOX 432      |                 |                     |
| City-State-Zip: | CHIPLEY FL 32428  |                 |                     |

*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:** O. LUCIA CARMICHAEL

MANAGER

01/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date