

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000275235

Entity Name: GOODS & GRACE LLC

Current Principal Place of Business:

ST. LUKE'S LUTHERAN CHURCH
2021 W STATE ROAD 426
OVIDO, FL 32765

FILED
Apr 19, 2023
Secretary of State
5838233854CC

Current Mailing Address:

ST. LUKE'S LUTHERAN CHURCH
2021 W STATE ROAD 426
OVIDO, FL 32765 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRUSAK, LISA
2021 W STATE ROAD 426
OVIDO, FL 32765 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 MANAGER/PRESIDENT
Name CULBERTSON, TIGE
Address ST. LUKE'S LUTHERAN CHURCH
 2021 W. STATE ROAD 426
City-State-Zip: OVIDO FL 32765

Title TREASURER
Name PRUSAK, LISA
Address ST. LUKE'S LUTHERAN CHURCH
 2021 W STATE ROAD 426
City-State-Zip: OVIDO FL 32765

Title SECRETARY
Name MILLS, COREY
Address ST. LUKE'S LUTHERAN CHURCH
 2021 W STATE ROAD 426
City-State-Zip: OVIDO FL 32765

Title MEMBER
Name JAMES, WELTON
Address ST. LUKE'S LUTHERAN CHURCH
 2021 W STATE ROAD 426
City-State-Zip: OVIDO FL 32765

Title MEMBER
Name NOWICKI, MICHAEL
Address ST. LUKE'S LUTHERAN CHURCH
 2021 W STATE ROAD 426
City-State-Zip: OVIDO FL 32765

Title MEMBER
Name MARTIN, VICKIE
Address ST. LUKE'S LUTHERAN CHURCH
 2021 W STATE ROAD 426
City-State-Zip: OVIDO FL 32765

Title MEMBER
Name MCALLAN, GEORGE
Address ST. LUKE'S LUTHERAN CHURCH
 2021 W STATE ROAD 426
City-State-Zip: OVIDO FL 32765

Title MEMBER
Name SCHAEFER, PETER
Address ST. LUKE'S LUTHERAN CHURCH
 2021 W STATE ROAD 426
City-State-Zip: OVIDO FL 32765

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: LISA PRUSAK

TREASURER

04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date