

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -1 AM 8:56

DOCUMENT # L00000008329

1. Entity Name

GOB ENTERPRISES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11497 Shady Meadow Drive

Suite, Apt. #, etc.

3. Mailing Address
11497 Shady Meadow Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number 59-3666277

Applied For
Not Applicable

Zip
32258

Country
USA

Zip
32258

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name True, James W.

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

11497 Shady Meadow Drive

City Jacksonville

FL Zip Code
32258

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
True, James W.
11497 Shady Meadow Drive

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700021245127
07/01/03--01065--005 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jacksonville, Florida 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Herring, Robert L
19473 Quiet Wood Lane

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Glen St. Mary, Florida 32040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

James W. True, Manager

6/27/03

Date

Daytime Phone #

CR2E083B (1/2/02)