

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90040 022 ****50.00

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1. Entity Name

**GOOSENECK ENTERPRISES LIMITED LIABILITY
COMPANY**



Principal Place of Business

505 BRYN MAWR STREET
ORLANDO FL 32804

Mailing Address

505 BRYN MAWR STREET
ORLANDO FL 32804

2. Principal Place of Business

11 West Harvard St
Suite, Apt. #, etc.

3. Mailing Address

11 W. Harvard St
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

4. FEI Number

59-3714488

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ-TORRES, AUGUSTO
505 BRYN MAWR STREET
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

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

11 West Harvard St

City

Orlando

FL

Zip Code

32804

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LOPEZ-TORRES GOOSE, AUGUSTO
STREET ADDRESS 505 BRYN MAWR STREET
CITY-ST-ZIP ORLANDO FL 32804

TITLE MGR ☐ Delete
NAME RAMSEY, JEFFREY T
STREET ADDRESS 735 LAKE HIAWASSEE DRIVE
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Lopez-Torres, Augusto
STREET ADDRESS 11 W. Harvard St
CITY-ST-ZIP Orlando, FL 32804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

3/16/06 407 462-1544