

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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90023 022 \*\*\*\*50.00

DOCUMENT # L01000016087

1. Entity Name

GOEMAERE FAMILY, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

34760 EBENHIN

3. Mailing Address

Suite, Apt. #, etc.

City & State

FRASER

City & State

MICHIGAN

Zip

48026

Country

MALCOMB

Zip

Country

4. FEI Number

26-0005276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

TIMOTHY NICHOLAS THOMAS PM

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

49198 OVERSEAS HIGHWAY

P.O. BOX 3318

City

KEY 19290

FL

Zip Code

33037

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  
RUSS GOEMAERE  
34760 EBENHIN FRASER  
MI 48026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DANA SJAVEL  
34760 EBENHIN  
FRASER MI 48026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MARK A. GOEMAERE  
34760 EBENHIN  
FRASER MI 48026

TITLE  
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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

Date

Daytime Phone #

4-1-03 248-307-2468

CR2E083B (12/02)