

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90011 027 ****50.00

DOCUMENT # L01000019811

1. Entity Name
GOODMAN & GOODMAN, ATTORNEYS AT LAW, LLC



Principal Place of Business
104 SOUTH CLYDE AVENUE
KISSIMMEE, FL 34741

Mailing Address
104 SOUTH CLYDE AVENUE
KISSIMMEE, FL 34741

2. Principal Place of Business
401 Center Pointe Cir. 1527
Suite, Apt. #, etc. 1527

3. Mailing Address
401 Center Pointe Cir. 1527
Suite, Apt. #, etc. 1527

City & State
Altamonte Springs, FL Altamonte Springs, FL

Zip Country 32701 - SEMINOLE 32701 Seminole

03242004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3758641 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
HORNE, PAULA
393 CENTER POINTE CIR.
#1461
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODMAN, RAYMOND L 104 SOUTH CLYDE AVENUE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODMAN, CAROLYN 104 SOUTH CLYDE AVENUE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 Center Pointe Cir. Ste. 1527 Altamonte Springs, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 Center Pointe Cir. Ste. 1527 Altamonte Springs, FL 32701
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carolyn Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
CAROLYN GOODMAN

5-1-04 407-830-9100
Date Daytime Phone #