

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2003 8:00 am
Secretary of State

05-28-2003 90035 009 ****50.00

DOCUMENT # L02000003479

1. Entity Name

GOODNESS LIMITED LIABILITY COMPANY



Principal Place of Business

**68 SILVER PLACE
OCALA FL 34472-2393**

Mailing Address

**68 SILVER PLACE
OCALA FL 34472-2393**

44000004

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

04-3628993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES.

6. Name and Address of Current Registered Agent

**MC FARLANE THOMAS, BEVERLEY E
68 SILVER PLACE
OCALA FL 34472-2393**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MEMBER~~ **MANAGING MEMBER** ☐ Delete
NAME **MC FARLANE-THOMAS, BEVERLEY E.**
STREET ADDRESS **68 SILVER PLACE**
CITY-ST-ZIP **OCALA, FL 34472-2393**

TITLE ~~MEMBER~~ **MANAGING MEMBER** ☐ Delete
NAME **RICHARDSON, PAUL A.**
STREET ADDRESS **68 SILVER PLACE**
CITY-ST-ZIP **OCALA, FL 34472-2393**

TITLE ~~MEMBER~~ **MANAGING MEMBER** ☐ Delete
NAME **L. O'NEAL, SHARON D.**
STREET ADDRESS **68 SILVER PLACE**
CITY-ST-ZIP **OCALA, FL 34472-2393**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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: X **SIGNATURE REQUIRED**

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

05/23/03 **352-687-9143**
Date Daytime Phone #

JOSEPH T. CHANCE, ACCOUNTANT

CR2E083 (10/02)