

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000021636**

1. Entity Name

A. GOFF AND ASSOCIATES, LLC



Principal Place of Business

835 S. BUENA VISTA DR.  
LAKE ALFRED, FL 33850

Mailing Address

835 S. BUENA VISTA DR.  
LAKE ALFRED, FL 33850



04172007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1643865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOFF, ALAN T  
835 S. BUENA VISTA DR.  
LAKE ALFED, FL 33850

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000713299  
05/01/07-80058-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GOFF, ALAN T  
835 S. BUENA VISTA DR.  
LAKE ALFRED, FL 33850

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GOFF, APRIL M  
835 S. BUENA VISTA DR.  
LAKE ALFRED, FL 33850

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*Alan T. Goff*

ALAN T. GOFF 4-17-07 863 936-9250

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

Date

Daytime Phone #