

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021636

FILED
Apr 27, 2009
Secretary of State

Entity Name: A. GOFF AND ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 06-1643865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOFF, ALAN T
Address: 835 S. BUENA VISTA DR.
City-St-Zip: LAKE ALFRED, FL 33850

Title: MGR () Delete
Name: GOFF, APRIL M
Address: 835 S. BUENA VISTA DR.
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date