

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000021636

**Entity Name:** A. GOFF AND ASSOCIATES, LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**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 ALFRED, 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  
**Name:** GOFF, ALAN T  
**Address:** 835 S. BUENA VISTA DR.  
**City-St-Zip:** LAKE ALFRED, FL 33850

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

I hereby 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 GOFF

MGR

04/28/2011

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