

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000026473**

1. Entity Name  
GOFF PROPERTIES, LLC



Principal Place of Business

PO BOX 1138  
LAKE WALES, FL 33859-1138

Mailing Address

PO BOX 1138  
LAKE WALES, FL 33859-1138



01192008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

13-4216223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GOFF, KENNETH J  
1817 S. HIGHLAND PARK DRIVE  
LAKE WALES, FL 33898

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000306534  
05/05/08-80002-008 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GOFF, KENNETH J  
1817 SOUTH HIGHLAND PARK DRIVE  
LAKE WALES, FL 33898

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GOFF, JANE H  
1817 S. HIGHLAND PARK DR  
LAKE WALES, FL 33898

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GOFF, KJ & JH  
1817 S. HIGHLAND PARK DR  
LAKE WALES, FL 33898

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:**

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

KENNETH J GORR

3-28-08

Date

863 6793670

Daytime Phone #