

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000045082

1. Entity Name
GO ENTERPRISES LLC



Principal Place of Business
2166B HIGHWAY 30A
SANTA ROSA BEACH, FL 32459 US

Mailing Address
P O BOX 2115
SANTA ROSA BEACH, FL 32459 US



03142005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0399364

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, EDWARD J JR.
2166B HIGHWAY 30A
SANTA ROSA BEACH, FL 32459

**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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
O'BRIEN, EDWARD J JR
P O BOX 2115
SANTA ROSA BEACH, FL 32549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
O'BRIEN, ELIZABETH R
P O BOX 2115
SANTA ROSA BEACH, FL 32549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GYLLSTROM, HANS C
189 LOON LAKE DRIVE
SANTA ROSA BEACH, FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GYLLSTROM, LINDA M
189 LOON LAKE DRIVE
SANTA ROSA BEACH, FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000268628
03/18/05-80050-014 50.00

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IN THIS SPACE**

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: Edward J. O'Brien Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/13/05
Date

850-267-9444
Daytime Phone #