

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 26, 2007 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



01052007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

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

000000648543
03/07/07-80013-014 50.00

**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:

Edward John O'Brien Jr

Edward John O'Brien Jr

1-12-07

850-598-9444

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

Date

Daytime Phone #