

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057131

FILED  
Sep 04, 2008  
Secretary of State

**Entity Name:** GOEBELS CYRIAQUE ENTERPRISES, LLC

**Current Principal Place of Business:**

172 VAN BUREN AVE  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 952706  
LAKE MARY, FL 32795 US

**New Mailing Address:**

**FEI Number:** 20-0577728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CYRIAQUE, GOEBELS J  
172 VAN BUREN AVE  
LAKE MARY, FL 32746 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: CYRIAQUE, GOEBELS J OWNER  
Address: 172 VAN BUREN AVE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM ( ) Delete  
Name: CYRIAQUE, JUNA CAPY MEMBER  
Address: 172 VAN BUREN AVE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: MEMB ( ) Delete  
Name: CYRIAQUE, KERWIN J MEMBER  
Address: 172 VAN BUREN AVE  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CYRIAQUE, GOEBELS J OWNER  
Address: 164 VAN BUREN AVE  
City-St-Zip: LAKE MARY, FL 32746 US

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: GOEBELS J. CYRIAQUE

GMG

09/04/2008

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