

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000059441

1. Entity Name
GOSS, PARKER, QUINSEY, LLC



Principal Place of Business
3073 CECELIA DRIVE
APOPKA, FL 32703

Mailing Address
3073 CECELIA DRIVE
APOPKA, FL 32703



01122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1640510

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, JOHN V
3073 CECELIA DRIVE
APOPKA, FL 32703

**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
GOSS, DAVID L
715 CRICKLEWOOD TERRACE
HEATHROW, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOSS, RONNIE
715 CRICKLEWOOD TERRACE
HEATHROW, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PARKER, JOHN V
3073 CECELIA DRIVE
APOPKA, FL 32703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PARKER, SUSAN
3073 CECELIA DRIVE
APOPKA, FL 32703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
C.K. QUINSEY HOLDINGS, LTD.
1633 CHERRY RIDGE DRIVE
HEATHROW, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000636174
02/26/07-80006-003 55.00

**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:

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

Date

Daytime Phone #

2/5/07 407-294-6026