

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000065979

Entity Name: GOINFORWARD, LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

55 BLACK ALDER DR  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

55 BLACK ALDER DR  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 20-1637833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FELDBAUER, MICHAEL B MGRM  
55 BLACK ALDER DR  
PALM COAST, FL 32137 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: MGRM  
Name: FELDBAUER, MARIANNE B  
Address: 55 BLACK ALDER DR  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM  
Name: FELDBAUER, MICHAEL B  
Address: 55 BLACK ALDER DR  
City-St-Zip: PALM COAST, FL 32137

I hereby 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: MICHAEL FELDBAUER

MGRM

04/28/2011

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