2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000069087

GOL SANFORD, LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

1060 WOODCOCK ROAD ORLANDO, FL 32803

MAITLAND, FL 32751

Mailing Address

1060 WOODCOCK ROAD ORLANDO, FL 32803



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		20-1179283	[Not Applicable
	i satist Jajonija	5. Certificate of Status Desired	1 1 7 7	Additional equired
Name and Address of Current Registered Agent			in in the second	to appear the transcription and a second and
COLTUN, JEFFREY M		DO NOT W	/RITE	

8. The above named entity submits this statement for the purpose of chang the obligations of registered agent.	ing its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		

MGRM TITLE LUBBERT, GLEN O NAME STREET ADDRESS 843 WOODSIDE ROAD CITY-ST-ZIP MAITLAND, FL 32751 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ____ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 P NINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE