

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 22, 2008 08
Secretary of

DOCUMENT # L05000051486

1. Entity Name
GODDARD, LLC



Principal Place of Business

9 TAUNTON RD.,
WORLE,

WESTON-SUPER-MARE, SOMERSET, SO BS22 -7DU

Mailing Address

9 TAUNTON RD.,
WORLE,

WESTON-SUPER-MARE, SOMERSET, SO BS22 -7DU UK



01122008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, ANTHONY
1529 SUNRISE PLAZA DRIVE
CLASSIC MANAGEMENT, SUITE 3
CLERMONT, FL 34714

**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 reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MR
GODDARD, PAUL
09 TAUNTON ROAD, WORLE
WESTON-SUPER-MARE, SO BS22 7DU

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MRS
GODDARD, DONNA
09 TAUNTON ROAD, WORLE
WESTON-SUPER-MARE, SO BS22 7DU

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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U00000790644
01/23/08-80049-002 138.75
**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

01/14/08

Date

Daytime Phone #