

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000054166

1. Entity Name
GOOD HOPE ENTERPRISES, LLC



Principal Place of Business
**9863 ROYAL CARDIGAN WAY
WEST PALM BEACH, FL 33411**

Mailing Address
**9863 ROYAL CARDIGAN WAY
WEST PALM BEACH, FL 33411**



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2944664

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**EVANS, CARLTON
9863 ROYAL CARDIGAN WAY
WEST PALM BEACH, FL 33411**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U00000927082
05/20/08-80092-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CARLTON EVANS
9863 ROYAL CARDIGAN WAY
WEST PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PANZIE PALMER-EVANS
9863 ROYAL CARDIGAN WAY
WEST PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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: Carlton Evans

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

4/24/08 561-383-6618
Date Daytime Phone #