

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000093908

Entity Name: JAMES T GOFORTH, LLC

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

20785 W. NEWBERRY RD  
NEWBERRY, FL 32669

**New Principal Place of Business:**

865 S.LAWRENCE BLVD  
KEYSTONE HEIGHTS, FL 32656

**Current Mailing Address:**

20785 W. NEWBERRY RD  
NEWBERRY, FL 32669

**New Mailing Address:**

865 S.LAWRENCE BLVD  
KEYSTONE HEIGHTS, FL 32656

FEI Number: 26-1815326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOFORTH, JAMES T  
20785 W. NEWBERRY RD  
NEWBERRY, FL 32669 US

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

GOFORTH, JAMES T  
865 S.LAWRENCE BLVD  
KEYSTONE HEIGHTS, FL 32656 US

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: JAMES T. GOFORTH

05/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GOFORTH, JAMES T  
Address: 865 S.LAWRENCE BLVD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: JAMES T. GOFORTH

MGR

05/01/2011

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