

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

07-28-2008 90074 050 ***138.00
L06000031045

DOCUMENT # L06000031045

1. Entity Name
GOULD INSURANCE ASSOCIATES, LLC



Principal Place of Business
5241 NW 117TH AVENUE
CORAL SPRINGS, FL 33076

Mailing Address
5241 NW 117TH AVENUE
CORAL SPRINGS, FL 33076

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

08 AUG 11 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07242008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4586569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOULD, E. RICHARD
5241 NW 117TH AVENUE
CORAL SPRINGS, FL 33076

Name

GOULD, DAVIDA

Street Address (P.O. Box Number is Not Acceptable)

5241 NW 117 AVE

City

CORAL SPRINGS

FL

Zip Code

33076

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

David Gould

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/24/08

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GOULD, RICHARD
5241 NW 117TH AVENUE
CORAL SPRINGS, FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DAVIDA GOULD
5241 NW 117 AVE
CORAL SPRINGS, FL 33076 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~MGR~~
~~GOULD, DAVIDA~~
~~5241 NW 117 AVE~~
~~CORAL SPRINGS FL 33076~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

David Gould

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

7/24/08 (954) 344-8056

Date Daytime Phone #