

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 06, 2007 8:00 am
Secretary of State

DOCUMENT # L06000117815



1. Entity Name
GOBRITON, LLC

08-06-2007 90056 022 ****55.00

Principal Place of Business
**22515 MORNING GLORY CIRCLE
 BRADENTON FL 34202
 US**

Mailing Address
**22515 MORNING GLORY CIRCLE
 BRADENTON FL 34202
 US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/07)

City & State

City & State

4. FEI Number

20-4381699

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHARLES, GIERHART A
 100 WALLACE AVE
 STE 260
 SARASOTA FL 34237**

Name

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

City

FL

Zip Code

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

Brian Goin
 Signature, typed or printed name of registered agent, or title if applicable

(NOTE: If a-2 or -3 is selected, signature required when reinstating)

DATE

7/11/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **P**
GOIN, BRIAN D
 STREET ADDRESS **22515 MORNING GLORY CIRCLE**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPS**
GOIN, TONI D
 STREET ADDRESS **22515 MORNING GLORY CIRCLE**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Brian D Goin

Brian D Goin

6/20/07 (941) 447-4945

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

Date

Daytime Phone #