

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-24-2007 90113 008 ***150.00

DOCUMENT # L06000121399					
1. Entity Name GOAW, LLC					
Principal Place of Business 1251 SEMINOLA BLVD. SUITE #200 CASSELBERRY, FL 32707			Mailing Address 1251 SEMINOLA BLVD. SUITE #200 CASSELBERRY, FL 32707		
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		
4. FEI Number 20-8083211				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRACY, SCOTT V 1251 SEMINOLA BLVD. SUITE #200 CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRACY, SCOTT V 1251 SEMINOLA BLVD., SUITE #200 CASSELBERRY, FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RALEY, WILLIAM H 1251 SEMINOLA BLVD. SUITE #200 CASSELBERRY, FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		SCOTT V. TRACY 4-17-07 798-3124			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			

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