

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046187

FILED
Mar 24, 2009
Secretary of State

Entity Name: GOFF'S TOTAL HOME INSPECTION LLC

Current Principal Place of Business:

117 SUNNY OAK TRAIL
KISSIMMEE, FL 34746 US

New Principal Place of Business:

175 CLUB VILLAS LN
KISSIMMEE, FL 34744 US

Current Mailing Address:

PO BOX 450494
KISSIMMEE, FL 34745 US

New Mailing Address:

FEI Number: 51-0634696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOFF, MARION N
117 SUNNY OAK TRAIL
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

GOFF, MARION N
175 CLUB VILLAS LN
KISSIMMEE, FL 34744 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: MARION N GOFF

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOFF, MARION N
Address: 117 SUNNY OAK TRAIL
City-St-Zip: KISSIMMEE, FL 34745 US

Title: MGRM () Delete
Name: VASQUEZ-GOFF, JANICE S
Address: 117 SUNNY OAK TRAIL
City-St-Zip: KISSIMMEE, FL 34745 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOFF, MARION N
Address: 175 CLUB VILLAS LN
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MGRM (X) Change () Addition
Name: VASQUEZ-GOFF, JANICE S
Address: 175 CLUB VILLAS LN
City-St-Zip: KISSIMMEE, FL 34744 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARION N GOFF

MGRM

03/24/2009

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