## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 18, 2008 8:00 am Secretary of State

DOCUMENT # L07000061601  1. Entity Name GOWEAV, LLC							90019 041 ***138		
		T DS			181 1881 <b>30</b> 11 <b>11</b> 14 881	11			
	lace of Business - No P.O. Box #  1 SE 304h Avenue #, etc.	3. Mailing Address  3. Mailing Address  Suite, Apt. #, etc.	30th Ave						
	و 201	Suite 20	<u>)                                    </u>		FEI Number	Chg-LLC	CR2E083 (12/06)	oplied For	
<b>O</b> ca	la FL	Ocala	FL	•	res Number	<u> 260-033</u>	3761 100	ot Applicable	
<sup>zip</sup> 344		<sup>Zip</sup> 34471	Country USF	5.	Certificate of	Status Desired	55.00 Adk		
	6. Name and Address of Current F	Registered Agent	Name	7.	Name and A	ddress of New R	tegistered Agent		
GONZALES, ROBERT J 1951 TWIN BRIDGE CIRCLE				Wiechens Christopher 3.  Street Address (P.O. Box Number is Not Acceptable)					
OCALA, FI		011001713	aaoi se 30th Avenue						
			City	<u>Duite</u>	<u> 201</u>		Zip Cod	le -	
8 The above	named entity but mile this etatement for	the purpose of changing its		<u>Ocala</u>	a sont or both	in the State of Ele	<u> </u>	<u> 344 11</u>	
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 Christopher S. Wiechens 1/8/08 Signeture, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent Signeture required when reinstating)  DATE									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75						e check payable to a Department of State	e	
After May	1, 2008 Fee will be \$538.75  MANAGING MEMBER		10.				Department of State (CHANGES		
After May	/ 1, 2008 Fee will be \$538.75	Delete	10. TiTLE NAME			Florida	Department of State	Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM EVA JANE GONZALES REVOCA 1951 TWIN BRIDGE CIRCLE	Delete	TITLE NAME STREET ADDRESS			Florida	Department of State (CHANGES		
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