

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000125511

Entity Name: GOOSPACECAT, LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10367 MC LAURIN RD E  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

26 WEST 7TH  
JACKSONVILLE, FL 32208 US

**Current Mailing Address:**

10367 MC LAURIN RD E  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

PO BOX 40112  
JACKSONVILLE, FL 32203 US

FEI Number: 26-4239334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

POOLE, STACEY L  
10367 MC LAURIN RD E  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POOLE, STACEY L  
Address: 10367 MCLAURIN RD E  
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby 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: STACEY POOLE

MGRM

04/30/2011

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