2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038037

Entity Name: K. S. GOFF, LLC

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7237 WILD BUCK ROAD WEEKI WACHEE, FL 34613 US **Current Mailing Address: New Mailing Address:** 7237 WILD BUCK ROAD WEEKI WACHEE, FL 34613 US FEI Number: 26-2539549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: THE LAW OFFICES OF NICK SPRADLIN, PLLC GOFF, NATALIE J 7237 WILD BUCK ROAD 12000 NORTH DALE MABRY HWY SUITE 110 WEEKI WACHEE, FL 34613 US TAMPA, FL 33618 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: NATALIE J. GOFF 02/03/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GOFF, KEVIN S Name: Name: 7237 WILD BUCK ROAD Address: Address: City-St-Zip: WEEKI WACHEE, FL 34613 US City-St-Zip: Title: Title: SCTY () Change (X) Addition () Delete Name: Name: GOFF, NATALIE J Address: Address: 7237 WILD BUCK ROAD City-St-Zip: City-St-Zip: WEEKI WACHEE, FL 34613 Title: () Delete Title: SCTY () Change (X) Addition GOFF, NATALIE J Name: Name: 7237 WILD BUCK ROAD Address: Address: City-St-Zip: City-St-Zip: WEEKI WACHEE, FL 34613 Title: () Delete Title: SCTY () Change (X) Addition Name: Name: GOFF, NATALIE J Address: Address: 7237 WILD BUCK ROAD City-St-Zip: City-St-Zip: WEEKI WACHEE, FL 34613 Title: () Delete Title: () Change (X) Addition GOFF, NATALIE J Name: Name: 7237 WILD BUCK ROAD Address: Address: City-St-Zip: City-St-Zip: WEEKI WACHEE, FL 34613 Title: () Delete Title: () Change (X) Addition GOFF, NATALIE J Name: Name: Address: Address: 7237 WILD BUCK ROAD WEEKI WACHEE, FL 34613 City-St-Zip: City-St-Zip:

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: KEVIN S. GOFF MGRM 02/03/2009