

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038037

FILED  
Jan 17, 2011  
Secretary of State

Entity Name: K. S. GOFF, LLC

**Current Principal Place of Business:**

7237 WILD BUCK ROAD  
WEEKI WACHEE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

7237 WILD BUCK ROAD  
WEEKI WACHEE, FL 34613 US

**New Mailing Address:**

FEI Number: 26-2539549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOFF, NATALIE J  
7237 WILD BUCK ROAD  
WEEKI WACHEE, FL 34613 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: GOFF, KEVIN S  
Address: 7237 WILD BUCK ROAD  
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: SCTY  
Name: GOFF, NATALIE J  
Address: 7237 WILD BUCK ROAD  
City-St-Zip: WEEKI WACHEE, FL 34613

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Address: 7237 WILD BUCK ROAD  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: SCTY  
Name: GOFF, NATALIE J  
Address: 7237 WILD BUCK ROAD  
City-St-Zip: WEEKI WACHEE, FL 34613

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: KEVIN S. GOFF

PRES

01/17/2011

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