

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038037

FILED
Jan 06, 2012
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

Title: SCTY
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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: NATALIE J. GOFF

MGMR

01/06/2012

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