

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90020 050 ****50.00

DOCUMENT # L99000001904

1. Entity Name

GOODLYN LLC.

Principal Place of Business

123 QUINCY CIRCLE
 SANTA ROSA BEACH FL 32459

Mailing Address

P.O. BOX 4733
 SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0908339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCIARRETTA, STEVEN A PA
 2300 GLADES ROAD, SUITE 302E
 BOCA RATON FL 33431

Name

Helen Sandra Fiske

Street Address (P.O. Box Number is Not Acceptable)

985 Aqua Circle

City Naples

FL

Zip Code

34102

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.

SIGNATURE

Helen Sandra Fiske

HELEN SANDRA FISKE

4/5/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
 NAME FISKE, SANDY
 STREET ADDRESS 123 QUINCY CIRCLE
 CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☒ Change ☐ Addition
 NAME P.O. Box 4733
 STREET ADDRESS SANTA ROSA BEACH, FL. 32459
 CITY-ST-ZIP

TITLE MGR ☐ Delete
 NAME FISKE, RICHARD D
 STREET ADDRESS P.O. BOX 252
 CITY-ST-ZIP GLORIETA NM 87535

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR ☐ Delete
 NAME FISKE, PAUL
 STREET ADDRESS 712 CALLE ESPEJO
 CITY-ST-ZIP SANTA FE NM

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Helen Sandra Fiske

4/5/02

941-262-4861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)