


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90151 004 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 65-0908339				Applied For <input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent RICHARD YOUNCOVICH, ESQ. GOODLETTE, COLEMAN & JOHNSON 4001 TAMIAMA TRAIL NORTH- SUITE 300 NAPLES, FL 34103					
7. Name and Address of New Registered Agent <i>name</i> Name <i>Richard Younovich, Esq (spelling correction only)</i> Street Address (P.O. Box Number is Not Acceptable) <i>Same</i> City FL Zip Code					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> Filing Fee is \$50.00 Due by May 1, 2004 </div> <div> Make check payable to Florida Department of State </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISKE, HELEN SANDRA PO BOX 4733 SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISKE, RICHARD D P.O. BOX 252 GLORIETA, NM 87535	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISKE, PAUL 712 CALLE ESPEJO SANTA FE, NM	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAUL FISKE 25 Paseo del Valle Santa Fe, New Mexico <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(Address)</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: <i>Helen S. Fiske</i>			Date <i>2/26/04</i> Daytime Phone # <i>850-231-0235</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					