

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90015 004 ***150.00

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

**FISKES, HELEN SAUDRA
985 AQUA CIRCLE
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name **Richard Pournovich, Esq.**

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

Goodlette, Coleman & Johnson

4001 Tamiami Trail North - Suite 300

City **Naples, Florida**

FL

Zip Code

34103

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FISKE, SANDY**
STREET ADDRESS **PO BOX 4733**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **HELEN SANDRA FISKE name change only**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

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

2/4/03

850-231-0235

Date

Daytime Phone #

CR2E083 (10/02)