

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038037

Entity Name: K. S. GOFF, LLC

Current Principal Place of Business:

7237 WILD BUCK ROAD
WEEKI WACHEE, FL 34613

Current Mailing Address:

7237 WILD BUCK ROAD
WEEKI WACHEE, FL 34613 US

FEI Number: 26-2539549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOFF, NATALIE J
7237 WILD BUCK ROAD
WEEKI WACHEE, FL 34613 US

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

Authorized Person(s) Detail :

Title MGRM
Name GOFF, KEVIN S
Address 7237 WILD BUCK ROAD
City-State-Zip: WEEKI WACHEE FL 34613

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

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

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

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

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATALIE J. GOFF

MANAGER MEMBER

01/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date