

**2017 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

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

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

**SECRETARY**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date