

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000130205

**Entity Name:** GOATKINS WEB SOLUTIONS LLC

**Current Principal Place of Business:**

15923 CHESTNUT LN  
TAVARES FL 32778

**Current Mailing Address:**

15923 CHESTNUT LN  
TAVARES FL 32778 US

**FEI Number:** 46-3713696

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ATKINS, CHRISTOPHER  
15923 CHESTNUT LN  
TAVARES FL 32778 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 ATKINS, CHRISTOPHER  
Address 15923 CHESTNUT LN  
City-State-Zip: TAVARES FL 32778

*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:** CHRISTOPHER D ATKINS

MGRM

01/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date