

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000001024

**Entity Name:** CHRISTOPHER GODBOLD, LLC

**Current Principal Place of Business:**

17 S. MARY ST.  
#1  
EUSTIS, FL 32726

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC4991613630**

**Current Mailing Address:**

17 S. MARY ST.  
#1  
EUSTIS, FL 32726 US

**FEI Number: 46-4641364**

**Certificate of Status Desired: No**

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

CENTRAL FLORIDA ACCOUNTANTS, INC  
1006 HE THOMAS JR. PARKWAY  
SANFORD, FL 32771 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 GODBOLD, CHRISTOPHER  
Address 17 S. MARY ST.  
#1  
City-State-Zip: EUSTIS FL 32726

*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 GODBOLD**

**MANAGING MEMBER**

**04/29/2015**

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

\_\_\_\_\_ Date