

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112484

Entity Name: GOI OPERATOR, LLC

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

100 NORTH TAMPA STREET  
SUITE 3550  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 NORTH TAMPA STREET  
SUITE 3550  
TAMPA, FL 33602 US

**New Mailing Address:**

FEI Number: 26-3854830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GO ATM, LLC  
Address: 100 NORTH TAMPA STREET, SUITE 3550  
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BRUCE E. WERTHEIM, MANAGER OF MEMBER

VP

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date