

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112484

**Entity Name:** GOI OPERATOR, LLC

**Current Principal Place of Business:**

100 NORTH TAMPA STREET  
SUITE 3550  
TAMPA, FL 33602

**Current Mailing Address:**

100 NORTH TAMPA STREET  
SUITE 3550  
TAMPA, FL 33602 US

**FEI Number:** 26-3854830

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MICHELE HOLDEN, ASSISTANT SECRETARY

04/02/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name GO ATM, LLC  
Address 100 NORTH TAMPA STREET, SUITE  
3550  
City-State-Zip: TAMPA FL 33602

*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:** GO ATM, LLC

MEMBER

04/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date