## 2014 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 Apr 09, 2014 Secretary of State CC0194043196

**FILED** 

## **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 04/09/2014

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title MGR

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.

**CFO** 

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: RICHARD D. RUSSELL

\_

04/09/2014 Date