

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000028244

**Entity Name:** GIT-N-SPLIT LLC

**Current Principal Place of Business:**

505 EAST SUGARLAND HWY  
CLEWISTON, FL 33440

**Current Mailing Address:**

520 EAST ALVERDEZ  
CLEWISTON, FL 33440

**FEI Number:** 27-5418016

**Certificate of Status Desired:** No

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

PRICE, KEVIN W  
102 WEST CIRCLE DR  
CLEWISTON, FL 33440 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	MGR	Title	MGR
Name	PRICE, KEVIN W	Name	PRICE, JENNIFER T
Address	520 EAST ALVERDEZ AVE	Address	520 EAST ALVERDEZ AVE
City-State-Zip:	CLEWISTON FL 33440	City-State-Zip:	CLEWISTON FL 33440

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN PRICE

**MANAGER**

**04/30/2013**

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

\_\_\_\_\_  
Date