

2015 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER PRICE

MANAGER

04/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date