#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000095007

Entity Name: GO CMP LIMITED LIABILITY COMPANY

FILED
Apr 06, 2017
Secretary of State
CC5572057618

#### **Current Principal Place of Business:**

3849 LEAFY WAY MIAMI, FL 33133

## **Current Mailing Address:**

C/O BELLOWS ASSOCIATES, P.A. 7890 PETERS ROAD, SUITE G-102 PLANTATION FL 33324 US

FEI Number: 46-0754647 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

POTAMKIN, CLAUDIA 3849 LEAFY WAY MIAMI, FL 33133 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 MGRM Title MGRM

Name POTAMKIN, CLAUDIA M Name POTAMKIN, CLAUDIA M

Address 3849 LEAFY WAY Address 3849 LEAFY WAY

City-State-Zip: MIAMI FL 33133 City-State-Zip: MIAMI FL 33133

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: CLAUDIA POTAMKIN

MANAGING MEMBER

04/06/2017