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: SANDRA YAWN

Electronic Signature of Signing Authorized Person(s) Detail

SECRETARY

02/23/2015

Date

# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000095007

Entity Name: GO CMP LIMITED LIABILITY COMPANY

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

2627 SOUTH BAYSHORE DRIVE #3102 COCONUT GROVE, FL 33133

### **Current Mailing Address:**

2627 SOUTH BAYSHORE DRIVE #3102 COCONUT GROVE, FL 33133

## FEI Number: 46-0754647

## Name and Address of Current Registered Agent:

YAWN, SANDRA 2627 SOUTH BAYSHORE DRIVE #3102 COCONUT GROVE, 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

#### Authorized Person(s) Detail :

Authorized Ferson(s) Detail .			
Title	MGRM	Title	SECRETARY
Name	POTAMKIN, CLAUDIA M	Name	YAWN, SANDRA
Address	2627 SOUTH BAYSHORE DRIVE SUITE 3102	Address	2627 SOUTH BAYSHORE DRIVE #3102
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133

# FILED Feb 23, 2015 Secretary of State CC9172014357

Certificate of Status Desired: Yes

Date