

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000095007

**Entity Name:** GO CMP LIMITED LIABILITY COMPANY

**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:** CLAUDIA POTAMKIN

02/26/2018

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

MGRM

02/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date