

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000226804

**Entity Name:** GET IT SOLD LLC

**Current Principal Place of Business:**

6134 WESTPORT LANE  
NAPLES, FL 34116

**Current Mailing Address:**

PO BOX 2228  
MARCO ISLAND, FL 34146 US

**FEI Number:** 87-3657275

**Certificate of Status Desired:** Yes

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

JAFARI, TOM  
6134 WESTPORT LANE  
NAPLES, FL 34116 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 AMBR  
Name JAFARI, TOM  
Address 6134 WESTPORT LANE  
City-State-Zip: NAPLES FL 34116

*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:** TOM JAFARI

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date