

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90056 041 ****50.00

DOCUMENT #

1. Entity Name

Go! Agency, LLC

921860

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1623 W. University Pkwy

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

FL

4. FEI Number

59-3663303

Applied For

Not Applicable

Zip

34243

Country

U.S.A.

Zip

FL

Country

FL

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *A. Uccello*

Street Address (P.O. Box Number is Not Acceptable) *4744 SPINNAKER DR*

City *Bradenton*

FL

Zip Code *34208*

**DO NOT WRITE
IN THIS SPACE**

8. 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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE *MANAGING MEMBER*
NAME *A. F. Uccello III*
STREET ADDRESS *4744 SPINNAKER DR Bradenton, FL*
CITY-ST-ZIP *34208*

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Feb 5 2002 *941 360 8775*

CR2E083B (12/01)