2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007463

1. Entity Name

GO! AGENCY, LLC

Principal Place of Business	Mailing Address
1623 H UNIVERSITY PKWY SARASOTA FL 34243	1623 H UNIVERSITY PKWY SARASOTA FL 34243

30060798

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address		
2100 19th Street	2100 19th Street		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: Sarasota FL	City & State: Sarasota FL	4. FEI Number **59-3663303**	Applied For ☐ Not Applicable ☐
Zip: 34234 Country: USA	Zip: 34234 Country: USA	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'BRIEN, VINCENT A 4744 SPINNAKER DR BRADENTON FL 34208	Name: Antonio F. Uccello, III Street Address (P.O. Box Number is Not Acceptable): 4744 Spinnaker Drive City: Bradenton FL Zip Code: 34208

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE **MGRM** NAME **UCCELLO, ANTONIO F III** STREET ADDRESS **4744 SPINNAKER DR** CITY-ST-ZIP **BRADENTON FL 34208**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: _____ 4/25/03 941-330-0336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #