


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # L00000007538</b> 1. Entity Name GO.SMART.COM, L.L.C.		
Principal Place of Business C/O 1317 MAJESTIC OAKS DRIVE APOPKA, FL 32712	Mailing Address C/O 1317 MAJESTIC OAKS DRIVE APOPKA, FL 32712	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BAXLEY, MILTON H II 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		U00000540666 05/10/06-80027-007 50.00
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLAYBACK, SCOTT 2905-B LAKEVIEW DRIVE FERN PARK, FL 32730	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.  <b>SIGNATURE:</b> <u>Richard E Morgan</u> <u>4/25/2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04232006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3653047

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**