2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/26/2003-90032-037-\$50.00-\$50.00

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	1. Entity	OCUMENT # L02000014292					PAF AL	E D		
	GO, G	IRL!, LLC				r i	*			
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		Place of Business	Mailing Address			·	YRAT-RABID	OF STAN		
	280 W. CA	nton avenue. Suite 330 ARK FL 32789	280 W. CANTON AVENUE, S	UITE 330 _−	سنسسر دد.	` •	SPERL TARY TABEBAHASSE	E, FLORIDA	Å	
٠		7. C 2. C	WINTER PARK FL 32789			.	_		•	
	2. Princip	pal Place of Business	2 14-11			1 (3.8)	EN EN ERISE KUR EDAN ERIK	ANI CANAL MAN AMAN TR	 170 (0)(0 1991 (0))	l
	17	59 W. Broadun	3. Mailing Address	<	بالمرمون					
	# 3	Apt. #, etc.	Suite, Apt. #, etc.	Tri I	mech	,	THE CHECK WHEEL			
	City & :	State	City & State				CHECK HERE I	F MAKING CHANC	SES	
	ZD	Country	Sanford	FL		4. FEI Nur	071678	21	Applied For	
		165 I	3271	Country .		5. Certifica	te of Status Desired		Not Applica Additional	ble
		6. Name and Address of Current R	egistered Agent				d Address of New Re	Fee Rea	uired	
	В	DRCHECK, MICHAEL		Na	ame	R Y	- ا	guatered Agent		-
	28 W	30 W. CANTON AVENUE, SUITE 330 INTER PARK FL 32788	- -	Str	reet Address (P.	O. Box Numl	per is Not Acceptable)	, A	<u> </u>	
		HALL FARM FL 32708		.	130	<u></u>	hmmer	lin Au	هـ	_
	, 9			Cit	بسم ۷					
	The above named entity submits this statement for the purpose of changing its the obligations of registered agent.					anto	rd	FL Zip C	ode オフフル	
				Signor CO OIII	ce or registered	agent, or bo	oth, in the State of Floric	la. I am familiar wit	h, and accep	я
;	SIGNATURE	Signature, typed of prifeed name of refillered agent and	DOY) itt if applicable. (NOTE: Re	roistered Agent	throat or or deal		02_	24-00	3	
ĺ	(NOTE: Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$50.00									
Make Check Payable to Ftorida Department of State										
9. MANAGING MEMPERS MANAGERS										
	TITLE	MGR		_10./	- Mar	· (m	ADDITIONS/CHANAGER			_
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1	 I hereby ce indicated c 	ertify that the information supplied with this fil on this report is true and accurate and that m iffly company or the receiver orthustee empo			sted in Section 1	119.07(3Vi)	Florida Statutos 14 "			ļ
	limited liab	any utat the information supplied with this file in this report is true and accurate and that mail it is company or the receiver optinistie empo	y signature shall have the san weret) to execute this report a	ne legal effe as required	ect as if made u by Chapter 608	nder oath, th , Florida Stat	et I am a managing me	r certily that the infermber or manager	ormation of the	
9	IGNATU	11 1 (16) /21/1\ #// k\12 .) co	W. Veolube	in u	1	, 1			1	1
SIGNATURE AND TYPED OR PRINTED MAINE OF SIGNANO MANAGING MEMBER, MANAGER, OR AUTHOROPEO REPRESENTATIVE										
			The state of the s		- HENNESENTANDE		Diffe P	Daytime Phone #		

RE:

GO, GIRL!, LLC

REFERENCE #L02000014292

I HAVE ENCLOSED THIS ATTACHMENT IN THE EVENT THE FORM IS NOT LEGIBLE TO YOU. THE MANAGERS AND THEIR TITLES ARE AS FOLLOWS:

TITLE:

MANAGER

NAME:

NANCY SAPP

-ADDRESS:

130 N. SUMMERLIN

SANFORD, FL.32771

TITLE:

MANAGING:MEMBER/SECRETARY

NAME:

JUDY DUDA

1759 W. BROADWAY #2

• OVIEDO, FL. 32765

TITLE:

MANNAGING MEMBER

NAME:

JANET SHUMAKER

ADDRESS:

1759 W. BROADWAY #2

OVIEDO, FL. 32765