

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000003745

1. Entity Name  
GO2FLO LLC



Principal Place of Business  
% STRAUSS & TROY/ATTN: D.H. DEMMERLE, II  
150 EAST FOURTH STREET, FOURTH FLOOR  
CINCINNATI, OH 45202-4018

Mailing Address  
% STRAUSS & TROY/ATTN: D.H. DEMMERLE, II  
150 EAST FOURTH STREET, FOURTH FLOOR  
CINCINNATI, OH 45202-4018



01042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
32-0059554

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ASHBY, BILL  
3726 RODEO DRIVE SOUTH  
SEBRING, FL 33875

**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. 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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DEMMERLE, DANIEL  
150 E. 4TH ST. 4TH FLOOR  
CINCINNATI, OH 45202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DISNEY, SALLY  
8911 SYMMES TRACE CT  
LOVELAND, OH 45140

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

000000173305  
01/07/05-80013-008 50.00

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IN THIS SPACE**

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

*DH Demmerle II* Mgr. (DH Demmerle II Manager) 573.629.9427  
1/4/05

Daytime Phone #