

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 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**



01042006 No Chg-LLC

CR2E083 (11/05)

**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**  
**161 GOLF VISTA CIRCLE**  
**DAVENPORT, FL 33837**

**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, 2006**

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

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: \_\_\_\_\_

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

**1/4/06**

Date

**513.629.9427**

Daytime Phone #