2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # L03000003745

1. Entity Name
GO2FLO LLC

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

01042007 No Chg-LLC CR2E083 (11/05)

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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

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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DEMMERLE, DANIEL
STREET ADDRESS	150 E. 4TH ST. 4TH FLOOR
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	MGR
NAME	DISNEY, SALLY
STREET ADDRESS	8911 SYMNES TRACE CT
CITY-ST-ZIP	LOVELAND, OH 45140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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01/10/07-80009-013 50.00

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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: _____ DANIEL DEMMERLE MGR. 1/4/07 513.629.9427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #