

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 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

**DO NOT WRITE IN THIS SPACE**



01112008No Chg-LLC

CR2E083 (12/07)

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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 SYMNES 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

U00000783702  
01/16/08-80026-002 138.75

**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

Date

Daytime Phone #

1/11/08

513-629-9427