

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004705

Entity Name: GET SET, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

6700 CONROY RD, STE 225
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6700 CONROY RD, STE 225
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-0720157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, KIMBERLEY
1280 BLUEBERRY COURT
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

CARROLL, KIMBERLEY
707 DEERFOOT ROAD
DELAND, FL 32720 US

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.

SIGNATURE:

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARROLL, KIMBERLEY
Address: 1280 BLUEBERRY COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: BERGMAN, EMILY H
Address: 696 YOUNGSTOWN PKWY #314
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARROLL, KIMBERLEY
Address: 707 DEERFOOT ROAD
City-St-Zip: DELAND, FL 32720 US

Title: MGRM (X) Change () Addition
Name: BERGMAN, EMILY H
Address: 5388 FLORENCE HARBOR DRIVE
City-St-Zip: ORLANDO, FL 32829 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KIMBERLEY CARROLL

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date