

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000027523

1. Entity Name
GET R DONE, LLC



Principal Place of Business
**752 PETE'S LANE
DAVENPORT, FL 33837 US**

Mailing Address
**233 GRAND RESERVE DRIVE
DAVENPORT, FL 33837 US**



01062008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2527958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOODBURN, LAWRENCE
752 PETE'S LANE
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 *Lawrence Goodburn*
Signature, typed or printed name of registered agent and title if applicable.

Lawrence Goodburn
(NOTE: Registered Agent signature required when reinstating)

1-11-08
DATE

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

U000000781874
01/15/08-80052-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOODBURN, LAWRENCE
STREET ADDRESS	752 PETE'S LANE
CITY-ST-ZIP	DAVENPORT, FL 33837
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: *Lawrence Goodburn* 1-11-08 813-420-0347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #