2007 LIMITED LIABILITY COMPANY

CITY - ST - ZIP

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED ANNUAL REPORT Feb 02, 2007 08:00 AM **Secretary of State** DOCUMENT # L05000080877 1. Entity Name GOOD TO GO LLC Mailing Address Principal Place of Business 6474 FIRST AVE NORTH 6474 FIRST AVE NORTH ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 01112007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3311033 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIGHTY AND ASSOCIATES INC. DO NOT WRITE 1825 S PINELLAS AVE 105 IN THIS SPACE TARPON SPRINGS, FL 34689 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, 2007 U00000617587 02/07/07-80081-008 <u>50.00</u> 9. MANAGING MEMBERS/MANAGERS गाह MGR SECOR, JEANETTE NAME STREET ADDRESS 6474 1ST AVENUE NORTH ST. PETERSBURG, FL 33710 CITY-ST-ZIP mı MALES STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS

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 ceth; 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 OR PRINTED NAME OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE