## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Jan 24, 2007 8:00 am Secretary of State

| DOCUMENT # L05000084251  1. Entity Name GO FOR YOU, LLC                    |  |                                       |                                 |  | 01-24-2007  | 90052 047                                   | 7 ****50            | .00          |
|--|--|---------------------------------------|---------------------------------|--|---|---|---------------------|--------------|
| 8534 CHAR  | ce of Business<br>RINGTON FOREST BLVD.<br>EE, FL 32312 | DREST BLVD.<br>112                    | b                               | 900000.2   |   |   |                     |              |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box |  |                                       | 121                             |  |   |   |                     |              |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                   |                                 | 01092007   | Chg-LLC   | CR2E08                                      | 33 (12/06)          |              |
| City & State   |  | City & State TALLA hASSEE F1          |                                 | 4. FEI Num   | ber<br>APPLICABLE                                 | ·   | <b> </b>            | oplied For   |
| Zip  | Country  | Zip 32317                             | Country<br>USA                  |  | te of Status Desired                              |   | 5.00 Add            | ditional     |
|  | 6. Name and Address of Current                         |                                       |                                 | 7. Name ar   | d Address of New                                  |   |                     |              |
|  |  |                                       | Name                            |  |   | <u>.                                   </u> |                     |              |
| KEEN, MICHAEL<br>8534 CHARRINGTON FOREST BLVD.<br>TALLAHASSEE, FL 32312    |  |                                       |                                 | Street Address (P.O. Box Number is Not Acceptable) |   |   |                     |              |
|  | , /  |                                       |                                 |  |   |   |                     |              |
|  |  |                                       |                                 | · · · · · · · · · · · · · · · · · · ·              | FL Zip Code                                       |   |                     |              |
| 8. The above   | e named entity submits this statement for              | the purpose of changing its           | registered office or            | registered agent, or b                             | oth, in the State of F                            |   | .L<br>amiliar with. | and accept   |
| the obliga   | ations of registered agent.                            |                                       | _                               | -  |   |   | ,                   |              |
| SIGNATURE  | Signature, typed or printed name of registered agent a | not title if annilinable (NICTE       | - Bartistarari Arana sirenas    | re required when reinstating)                      |   | DATE  |                     |              |
| ,  |  | (10)                                  | . I rogistoloc z gorii segitatu | to required when remodering)                       | T   | UAIE  |                     | <del>.</del> |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                |  |                                       |                                 |  | Make check payable to Florida Department of State |   |                     |              |
| 9.   | MANAGING MEMBEI  | RS/MANAGERS                           | 10.                             | ···  | ADDITIONS   | CHANGES                                     |                     |              |
| TITLE  | MGRM   | ☐ Delete                              | TITLE                           |  |   |   | ☐ Change            | Addition     |
| NAME   | KEEN, MICHAEL T  |                                       | NAME                            |  |   |   | -                   |              |
| STREET ADDRESS   | 8534 CHARRINGTON FOREST BLVD.                          |                                       | STREET ADDRESS                  |  |   |   |                     |              |
| CITY-ST-ZIP  | TALLAHASSEE, FL 32312                                  |                                       | CITY-ST-ZIP                     |  | · · · · · · · · · · · · · · · · · · ·             |   |                     |              |
| TITLE  |  | Delete                                | TITLE                           |  |   |   | ☐ Change            | Addition     |
| NAME<br>STREET ADDRESS   |  |                                       | NAME<br>STREET ADORESS          |  |   |   |                     |              |
| CITY-ST-ZIP  |  |                                       | CITY-ST-ZIP                     |  |   |   |                     |              |
| TITLE  |  | ☐ Delete                              | TITLE                           |  | <u> </u>  |   | Change              | Addition     |
| NAME   | ļ  | L Delde                               | NAME                            |  |   |   | ☐ Cliange           | Addition     |
| STREET ADDRESS   |  |                                       | STREET ADDRESS                  |  |   |   |                     |              |
| CITY-ST-ZIP  |  |                                       | CITY-ST-ZIP                     |  |   |   |                     |              |
| TITLE  |  | ☐ Delete                              | TITLE                           |  |   |   | Change              | ☐ Addition   |
| NAME   |  |                                       | NAME                            |  |   |   |                     | _            |
| STREET ADDRESS   |  |                                       | STREET ADDRESS                  |  |   |   |                     |              |
| CITY-ST-ZIP  |  | · · · · · · · · · · · · · · · · · · · | CITY-ST-ZIP                     |  |   |   |                     |              |
| TITLE  | J  | ☐ Delete                              | TITLE                           |  |   |   | ☐ Change            | ☐ Addition   |
| NAME<br>STREET ADDRESS   | 1  |                                       | NAME<br>STREET ADDRESS          |  |   |   |                     |              |
| CITY-ST-ZIP  |  |                                       | CITY-SY-ZIP                     |  |   |   |                     |              |
| <del></del>  | <del></del>  | ☐ Delete                              | TITLE                           |  | <del> , ,,,,,</del>                               |   | ☐ Change            | Addition     |
| TITLE  | •  |                                       |                                 |  |   |   |                     |              |

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 accounter 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 received fusies empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS