

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90039 027 ****50.00

DOCUMENT # **L06000028967**

1. Entity Name

GOOD TO GO COMMUNICATIONS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1729 WINDOVER PLACE

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State
ST AUGUSTINE, FL

City & State

4. FEI Number
20-4521938

Applied For
Not Applicable

Zip Country
32092 USA

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHARIMAN
CRAIG HILER
1729 WINDOVER PLACE
ST AUGUSTINE FL 32092**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
DAVID REVUELTA
540 WAKEMONT DRIVE
ORANGE PARK FL 32065**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CRAIG HILER CHAIRMAN

Date

904636-1324

Daytime Phone #

CFR2E083B (12/02)