


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90062 008 \*\*\*138.75

30008781

<b>DOCUMENT # L07000013885</b> 1. Entity Name <b>GET-N-GO, LLC</b>					
Principal Place of Business <b>2115 SOUTH FLORIDA AVENUE LAKELAND, FL 33803</b>			Mailing Address <b>2115 SOUTH FLORIDA AVENUE LAKELAND, FL 33803</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number <b>20-8391721</b>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>CLEGHORN, THOMAS J 2115 SOUTH FLORIDA AVENUE LAKELAND, FL 33803</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this the obligations of registered agent the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to: <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>THOMAS J. CLEGHORN, 2115 SOUTH FLORIDA AVENUE LAKELAND, FL 33803</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: _____ Date <b>6/2/08</b> Daytime Phone # <b>823-6824170</b>					