

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020876

Entity Name: GO GATORS, LLC

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

371 CHANNELSIDE WALKWAY, UNIT 502
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

371 CHANNELSIDE WALKWAY, UNIT 502
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-8818560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, SCOTT T
371 CHANNELSIDE WALKWAY, UNIT 502
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FARRER, SCOTT, STEPHANIE
Address: 371 CHANNELSIDE WALK WAY UNIT 502
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: COAKLEY, KEVIN
Address: 801 E LUMSDON RD
City-St-Zip: BRANDON, FL 33511

Title: MGRM () Delete
Name: STINSON, MIKE, & THERESA
Address: 1904 S CARDENAS AVE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FARRELL, SCOTT &, STEPHANIE
Address: 371 CHANNELSIDE WALK WAY UNIT 502
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT FARRELL

MGRM

02/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date