

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091964

Entity Name: GORONGO LLC

FILED  
Apr 09, 2009  
Secretary of State

## Current Principal Place of Business:

118 S OREGON AVE  
TAMPA, FL 33606

## New Principal Place of Business:

1501 W. CLEVELAND STREET  
SUITE 200  
TAMPA, FL 33606

## Current Mailing Address:

5050 BELMONT AVE  
YOUNGSTOWN, OH 44505

## New Mailing Address:

FEI Number: 93-1332823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVY, JONATHAN A  
118 S OREGON AVE  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

LEVY, JONATHAN A  
1501 W. CLEVELAND STREET  
SUITE 200  
TAMPA, FL 33606 US

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:

04/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GRINSTEIN, JEFFREY M  
Address: 5050 BELMONT AVE  
City-St-Zip: YOUNGSTOWN, OH 44505

Title: MGRM ( ) Delete  
Name: LEVY, JONATHAN A  
Address: 118 S OREGON AVE  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: LEVY, JONATHAN A  
Address: 1501 W. CLEVELAND STREET  
City-St-Zip: TAMPA, FL 33606

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: JEFFREY M. GRINSTEIN

MGRM

04/09/2009

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