
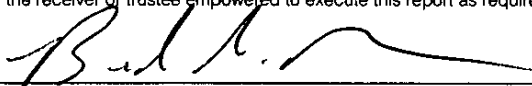


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90078 021 \*\*\*143.75

|   |                                     |                           |  |  |  |
|---|-------------------------------------|---------------------------|--|--|--|
| <b>DOCUMENT # L07000116756</b>  |                                     |                           |  |                       |  |
| <b>1. Entity Name</b><br>2 GO 2 MARKETING, LLC  |                                     |                           |  |  |  |
| <b>Principal Place of Business</b><br>15420 LIVINGSTON AVE APT 1304<br>LUTZ, FL 33559   |                                     |                           | <b>Mailing Address</b><br>15420 LIVINGSTON AVE APT 1304<br>LUTZ, FL 33559  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                                     | <b>3. Mailing Address</b> |  |  |  |
| Suite, Apt. #, etc.   |                                     | Suite, Apt. #, etc.       |  |  |  |
| City & State  |                                     | City & State              |  | <b>4. FEI Number</b> <u>51-0659619</u>   |  |
| Zip   |                                     | Country                   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| Zip   |                                     | Country                   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                                     |                           | <b>7. Name and Address of New Registered Agent</b>   |  |  |
| NEWTON, BRANDON M<br>15420 LIVINGSTON AVE APT 1304<br>LUTZ, FL 33559  |                                     |                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |  |
| <b>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.</b>  |                                     |                           |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                     |                           |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |                                     |                           | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |                                     |                           | <b>10. ADDITIONS / CHANGES</b>   |  |  |
| TITLE   | MGR <input type="checkbox"/> Delete |                           | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  | NEWTON, BRANDON                     |                           | NAME   |  |  |
| STREET ADDRESS  | 15420 LIVINGSTON AVE APT 1304       |                           | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | LUTZ, FL 33559                      |                           | CITY-ST-ZIP  |  |  |
| TITLE   | MGR <input type="checkbox"/> Delete |                           | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  | BERROCAL-SONGG, HAZEL               |                           | NAME   |  |  |
| STREET ADDRESS  | 15420 LIVINGSTON AVE APT 1304       |                           | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | LUTZ, FL 33559                      |                           | CITY-ST-ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete     |                           | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  |                                     |                           | NAME   |  |  |
| STREET ADDRESS  |                                     |                           | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                     |                           | CITY-ST-ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete     |                           | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  |                                     |                           | NAME   |  |  |
| STREET ADDRESS  |                                     |                           | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                     |                           | CITY-ST-ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete     |                           | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  |                                     |                           | NAME   |  |  |
| STREET ADDRESS  |                                     |                           | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                     |                           | CITY-ST-ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete     |                           | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  |                                     |                           | NAME   |  |  |
| STREET ADDRESS  |                                     |                           | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                     |                           | CITY-ST-ZIP  |  |  |
| <b>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.</b> |                                     |                           |  |  |  |
| <b>SIGNATURE:</b>    |                                     |                           |  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                                     |                           |  |  |  |
|   |                                     |                           |  | <small>Date</small>  |  |
|   |                                     |                           |  | <small>Daytime Phone #</small>   |  |

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