

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094316

FILED
Jun 23, 2009
Secretary of State

Entity Name: GET OFF THE HOSE, LLC

Current Principal Place of Business:

2299 NW 135TH LN
CITRA, FL 32113

New Principal Place of Business:

Current Mailing Address:

2299 NW 135TH LN
CITRA, FL 32113

New Mailing Address:

FEI Number: 26-3433058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FALL, MICHELLE
2299 NW 135TH LN
CITRA, FL 32113 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: FALL, MICHELLE
Address: 2299 NW 135TH LN
City-St-Zip: CITRA, FL 32113

Title: MGRM () Delete
Name: FALL, CECILIA
Address: 2299 NW 135TH LN
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES:

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: MICHELLE FALL

MGR

06/23/2009

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