

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000012269

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** THE GO-GETTER DISTRIBUTOR ASSISTANT, LLC

**Current Principal Place of Business:**

292 S. MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

292 S. MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 27-1817417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, JACK R  
292 S. MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 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  
**Name:** ANDERSON, JACK R  
**Address:** 5249 NW 89 DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33067

**Title:** MGRM  
**Name:** LUGO, VINCENT  
**Address:** 708 NE 21 DRIVE  
**City-St-Zip:** WILTON MANORS, FL 33305

I hereby 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:** JACK R. ANDERSON

MGRM

04/28/2011

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