

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000076160

Entity Name: GOOD2GO, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12381-102 S. CLEVELAND AVENUE  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 07069  
FT MYERS, FL 33919

**New Mailing Address:**

8595 COLLEGE PARKWAY #350  
FT MYERS, FL 33919

FEI Number: 30-0649561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HEALTH-CHECK MD, LLC  
12381-102 S. CLEVELAND AVENUE  
FORT MYERS, FL 33907 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: MGR  
Name: PROVENCE, TAMMY  
Address: 8595 COLLEGE PARKWAY #350  
City-St-Zip: FT MYERS, FL 33919

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: TAMMY PROVENCE

MGR

04/27/2012

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