

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000118683

Entity Name: GO PULL-IT, LLC**Current Principal Place of Business:**7282 COMMONWEALTH AVE
JACKSONVILLE, FL 32220**Current Mailing Address:**12270 NEW KINGS ROAD
JACKSONVILLE, FL 32219**FEI Number:** 46-1022523**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAWFORD, JOHN R
1200 RIVERPLACE BLVD STE 1800
JACKSONVILLE, FL 32207 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	MERVIS, ADAM
Address	2095 EAST RESERVE WAY
City-State-Zip:	DECATUR IL 62521

Title	MGR
Name	MERVIS, MICHAEL
Address	10000 SUMMERLAKES DRIVE
City-State-Zip:	CARNEL IL 46032

Title	MGR
Name	SHELL, BRIAN
Address	937 VALE ORCHARD LANE
City-State-Zip:	JACKSONVILLE FL 32207

Title	MGR
Name	FINLEY, JASON
Address	1855 RIVER ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	MGR
Name	STANLEY, MICHAEL
Address	1117 OGDEN AVE
City-State-Zip:	WESTERN SPRINGS IL 60558

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN SHELL**MANAGER****02/14/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date