

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000154601

**Entity Name:** THE GO EXP LLC

**Current Principal Place of Business:**

401 N ASHLEY DR  
SUITE 172222  
TAMPA, FL 33602

**Current Mailing Address:**

401 N ASHLEY DR  
SUITE 172222  
TAMPA, FL 33602 US

**FEI Number:** 86-3233444

**Certificate of Status Desired:** No

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

CALVILLO, SANDRA  
401 N ASHLEY DR  
SUITE 172222  
TAMPA, FL 33602 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	AMBR	Title	AMBR
Name	CALVILLO, SANDRA	Name	BUCHANAN, COLEITO E
Address	401 N ASHLEY DR SUITE 172222	Address	401 N ASHLEY DR SUITE 172222
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602

*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:** SANDRA CALVILLO

AMBR

04/27/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date