


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90080 018 *****50.00

DOCUMENT # L03000024925 1. Entity Name IT'S ALL GOOD, LLC			
Principal Place of Business 574 RIDGELAKE ROAD CRESTVIEW FL 32536		Mailing Address 574 RIDGELAKE ROAD CRESTVIEW FL 32536	
2. Principal Place of Business 381 Santa Rosa Blvd Suite, Apt. #, etc. C-710		3. Mailing Address 381 Santa Rosa Blvd Suite, Apt. #, etc. C-710	
City & State H. Walton Beach FL		City & State H. Walton Beach Fl.	
Zip 32548	Country OKaloosa	Zip 32548	Country OKaloosa
6. Name and Address of Current Registered Agent SWIA TEK, GLENN M 10065 W EMERALD COAST PKWY., STE B-101(A) DESTIN FL 32550		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME COBB, AMANDA L	TITLE MGR	NAME Cobb, Amanda L
STREET ADDRESS 574 RIDGELAKE ROAD	CITY-ST-ZIP CRESTVIEW FL 32536	STREET ADDRESS 381 Santa Rosa Blvd - C710	CITY-ST-ZIP H. Walton Beach FL 32548
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Amanda L Cobb		4/25/04 850-642-0992	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	



MOORE CR2E083 (11/03)

4. FEI Number **74-3097999** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☒