

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000033180

Entity Name: GOOD CARMA, LLC

**FILED**  
**May 04, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

950 NW 203RD STREET  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

950 NW 203RD STREET  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 20-0242770      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GREEN-WILSON, CARMEN  
950 NW 203RD STREET  
MIAMI, FL 33169      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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: GREEN-WILSON, CARMEN  
Address: 950 NW 203RD STREET  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARMEN GREEN-WILSON

MGRM

05/04/2005

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