


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90262 037 \*\*\*138.75

<b>DOCUMENT # L03000037848</b>	
1. Entity Name <b>GOOD GUYS LLC</b>	

Principal Place of Business <b>4750 - 37TH ST. N. ST. PETERSBURG, FL 33714 US</b>	Mailing Address <b>4750 - 37TH ST. N. ST. PETERSBURG, FL 33714 US</b>
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**60015247**



2. Principal Place of Business - No P.O. Box # <b>5400-50 AVENUE NO</b>	3. Mailing Address <b>5400-50 AVENUE NO</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03122008 Chg-LLC CR2E083 (12/06)

City & State <b>ST. PETERSBURG, FL</b>	City & State <b>ST. PETERSBURG, FL</b>
Zip <b>33709</b>	Country <b>USA</b>

4. FEI Number <b>20-0273732</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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8. Name and Address of Current Registered Agent <b>ARRINGTON, JACK 4750-37 STREET NORTH SAINT PETERSBURG, FL 33714</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5400-50 AVENUE NORTH</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33709</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARRINGTON, JACK 4750 - 37TH ST. N. ST. PETERSBURG, FL 33714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5400-50 AVENUE NORTH ST. PETERSBURG, FL 33709</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARRINGTON, KATHY 4750-37TH ST NORTH SAINT PETERSBURG, FL 33714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5400-50 AVENUE NORTH ST. PETERSBURG, FL 33709</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARRINGTON, TIMOTHY 4750-37TH ST NORTH SAINT PETERSBURG, FL 33714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1065 BRADSHAW ESTATES DRIVE CANTON, GA 30115</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> 	<b>KATHY ARRINGTON, MGR</b>	<b>3/14/08</b>	<b>727-527-2207</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #