

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037848

Entity Name: GOOD GUYS LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

5400-50 AVENUE N
SAINT PETERSBURG, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

5400-50 AVENUE N
SAINT PETERSBURG, FL 33709 US

New Mailing Address:

FEI Number: 20-0273732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

ARRINGTON, JACK
5400-50 AVENUE N
SAINT PETERSBURG, FL 33709 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/MANAGERS:

Title: MGRM () Delete
Name: ARRINGTON, JACK
Address: 5400-50 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: MGR () Delete
Name: ARRINGTON, KATHY
Address: 5400-50 AVENUE N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: MGR () Delete
Name: ARRINGTON, TIMOTHY
Address: 1065 BRADSHAW ESTATES DR
City-St-Zip: CANTON, GA 30115

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JACK ARRINGTON

MGMB

05/01/2009

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