

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000050594	
1. Entity Name GOODFELLAS CLASSIC CARS, LLC	

Principal Place of Business 1660 SEGRAVE AVENUE SOUTH DAYTONA FL 32119	Mailing Address 2615 S. ATLANTIC AVE., APT. #1E DAYTONA BEACH SHORES FL 32118
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

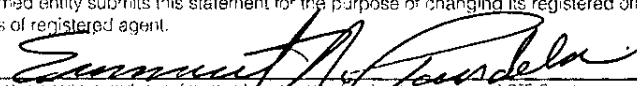
1st MOORE CR2E083 (10/07)

City & State	City & State	4. FEI Number 03-0535262	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PANDELOS, EMMANUEL N 2615 S. ATLANTIC AVE., APT. 1-E DAYTONA BEACH SHORES FL 32119
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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  2-10-2008
Signature, typed or printed name of registered agent and authorized representative. (NOTE: Registered agent's signature required when registering.)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANDELOS, EMMANUEL N 2615 S. ATLANTIC AVE., APT. #1E DAYTONA BEACH SHORES FL 32118 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, DALE 2615 S. ATLANTIC AVE., APT. #8&C DAYTONA BEACH SHORES FL 32118 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, LOIS 2615 S. ATLANTIC AVE., APT. #8&C DAYTONA BEACH SHORES FL 32118 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANDELOS, NINA 2615 S. ATLANTIC AVE., APT. #1E DAYTONA BEACH SHORES FL 32118 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE:  EMMANUEL N. PANDELOS 2-10-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE