

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040746

Entity Name: IT'S ALL GOOD, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

4989 S. RIDGEWOOD AVE.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

4989 S. RIDGEWOOD AVE.
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 77-0636367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUJILLO, SAMUEL E
5453 LANDIS AVENUE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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: PRES () Delete
Name: TRUJILLO, SAMUEL E
Address: 5453 LANDIS AVENUE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Delete
Name: CLARK, DONALD D III
Address: 6088 PHEASANT RIDGE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: SECR () Delete
Name: CLARK, GLENDA
Address: 6088 PHEASANT RIDGE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: TRSR () Delete
Name: TRUJILLO, ROBYN M
Address: 5453 LANDIS AVENUE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

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

Title: VP (X) Change () Addition
Name: CLARK, DONALD D III
Address: 6365 FAIRWAY COVE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: SECR (X) Change () Addition
Name: CLARK, GLENDA
Address: 6365 FAIRWAY COVE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: MEMB (X) Change () Addition
Name: TRUJILLO, ROBYN M
Address: 5453 LANDIS AVENUE
City-St-Zip: PORT ORANGE, FL 32127

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: SAMUEL TRUJILLO

PRES

04/28/2008

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