2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L04000040746

Entity Name: IT'S ALL GOOD, LLC

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:	6365 FAIRWAY COVE DRIVE	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	SECR	( ) Delete
Name:	CLARK, GLENDA	
Address:	6365 FAIRWAY COVE DRIVE	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	MEMB	( ) 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:	( ) 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: SAMUEL E. TRUJILLO PRES 04/30/2009

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