

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000055465 1. Entity Name GOOD GUYS GLOBE, LLC	
---	---

Principal Place of Business 6041 KIMBERLY BOULEVARD SUITE H NORTH LAUDERDALE, FL 33306-8 US	Mailing Address 6041 KIMBERLY BOULEVARD SUITE H NORTH LAUDERDALE, FL 33068 US
---	---

DO NOT WRITE IN THIS SPACE

04242007 No Chg-LLC

CR&E003 (11/06)

4. FEI Number 61-1474513	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent**GUZZI, SCOTT A
6041 KIMBERLY BOULEVARD
SUITE H
NORTH LAUDERDALE, FL 33068****DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**000000734650
05/10/07-80002-009 50.00**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUZZI, SCOTT A 6041 KIMBERLY BOULEVARD, SUITE H NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #