

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000056413

1. Entity Name
GOOD WAY PROPERTIES LLC



Principal Place of Business
**6555 NW 36TH ST #318
MIAMI, FL 33166**

Mailing Address
**6555 NW 36TH ST #318
MIAMI, FL 33166**



02112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2007863

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOCKHART, JOSE V
10861 NW 48TH LANE
MIAMI, FL 33178**

**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 reissuing)

DATE _____

**FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000828079
02/22/08-80016-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LOCKHART, JOSE V
STREET ADDRESS	10861 NW 48TH LANE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGRM
NAME	LOCKHART, JOSEPH A
STREET ADDRESS	17 BAILEY RD #2
CITY-ST-ZIP	WATERTOWN, MA 02472
TITLE	MGRM
NAME	GUERRERO, ATALMIR
STREET ADDRESS	PO BOX 670208
CITY-ST-ZIP	FLUSHING, NY 11367

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE: _____

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

Lockhart
2/11/08

305-871-3328

Date

Daytime Phone #