2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L05000057551

Entity Name: GOOD FINANCIAL GROUP, LLC

Current Principal Place of Business:

2631-A NW 41ST ST
GAINESVILLE, FL 32606

New Principal Place of Business:

9158 SW 51ST RD
J 301
GAINESVILLE, FL 32608

Current Mailing Address:

1653 NW 16TH AVE
GAINESVILLE, FL 32605

New Mailing Address:

9158 SW 51ST RD
J 301
GAINESVILLE, FL 32608

FEI Number: 20-3019765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOOD, CLAIR E
1653 NW 16TH AVE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

GOOD, CLAIR E
9158 SW 51ST RD
J301
GAINESVILLE, FL 32608 US

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: CLAIR E GOOD 04/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GOOD, CLAIR E
Address: 1653 NW 16TH AVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GOOD, CLAIR E
Address: 9158 SW 51ST RD J301
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGR ( ) Change (X) Addition
Name: GOOD, LORRAINE Z
Address: 10451 HUNTERS HAVEN BLVD
City-St-Zip: RIVERVIEW, FL 33568

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: CLAIR GOOD MGRM 04/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date