


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000062079 1. Entity Name GOOD VALUE REAL ESTATE SOLUTIONS, LLC	
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Principal Place of Business 2634 PARKMOUNT TER NORTH PORT, FL 34286 US	Mailing Address 2634 PARKMOUNT TER NORTH PORT, FL 34286 US
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02082007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0984543	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCAS, JERI
2067 BROAD RANCH DR.
PORT CHARLOTTE, FL 33948

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUFFMAN, MICHAEL L 2634 PARKMOUNT TER. NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAESE, EDWARD J 764 SILK OAK DRIVE VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCAS, JERI 2067 BROAD RANCH DRIVE PORT CHARLOTTE, FL 33948
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02/22/07-80015-010 50.00

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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:  **EDWARD J HAESE** 02-06-07 941-204-9019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #