

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000115010

**FILED**  
**May 02, 2008**  
**Secretary of State**

**Entity Name:** GOODFELLAS TRANSMISSIONS, LLC

**Current Principal Place of Business:**

215 TARPON INDUSTRIAL DR  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

215 TARPON INDUSTRIAL DRIVE  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

**FEI Number:** 20-3871783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TSIKOURIS, JOHN  
1508 HOVERSHAM DRIVE  
NEWPORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

TSIKOURIS, PETER J PRES  
1508 HOVERSHAM DRIVE  
NEWPORT RICHEY, FL 34655 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: PETER J TSIKOURIS

05/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TSIKOURIS, JOHN P  
Address: 1508 HOVERSHAM DRIVE  
City-St-Zip: NEWPORT RICHEY, FL 34655 US

Title: MGRM ( ) Delete  
Name: TSIKOURIS, PETER J  
Address: 1508 HOVERSHAM DRIVE  
City-St-Zip: NEWPORT RICHEY, FL 343655

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TSIKOURIS, PETER J PRES  
Address: 1508 HOVERSHAM DRIVE  
City-St-Zip: NEWPORT RICHEY, FL 34655 US

Title: MGRM (X) Change ( ) Addition  
Name: TSIKOURIS, JOHN P VP  
Address: 1508 HOVERSHAM DRIVE  
City-St-Zip: NEWPORT RICHEY, FL 343655

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: PETER J TSIKOURIS

PRES

05/02/2008

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