L05000115932

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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04/21/08--01056--007 **25.00

08 MAY 12 AH 10: 05

SECRETARY OF STARE, DIVISION OF CORPORATION

T. HAMPTON

MAY 1 3 2008

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: The Good Guys I, LLC (Name of	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Erick Garnica	
(Name of Person)	
The Good Guys I, LLC	
(Firm/Company)	
9180 Galleria Court #600	
(Address)	
Naples, FL 34109	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Erick Garnica	at (239) 449-1800 x243
(Name of Person)	(Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
 √ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section



RECEIVED

08 MAY 12 PH 3: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 22, 2008

ERICK EARNICA 9180 GALLERIA CT # 600 NAPLES, FL 34109

SUBJECT: THE GOOD GUYS I, L.L.C.

Ref. Number: L05000115932

We have received your document for THE GOOD GUYS I, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 308A00024189

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability compa	ny is: The Good Guys I, LLC
2. The mailing address of the limited liabi	lity company is :
9180 Galleria Court #600, Naples, FL 34109	
11/30/2005	L05000115932
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the Florida Department of State:	registered office address as shown on the records of the
Stewart, Jame	s C ESQ
****	Name
9180 Galleria C	ourt #600
	Address Address Address
Naples, FL 3410	D9 ₹ 52£
	City, State and Zip
6. The name and address of the new registered agent and/or office:	
HL Statutory	Agent, Inc.
HL Statutory Agent, Inc. Name 800 Laurel Oak Drive #600	
Florida street a	ddress (P.O. Box NOT acceptable)
Naples	FL 34108
C	City, State and Zip
confirmed that after the change or changes and the business office of the registered agliability company, it is bereby confirmed the	arized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office ent will be identical. Or, in the case of a Florida limited lat the change(s) was/were authorized by an affirmative vote appany or as otherwise provided in the articles of organization ability company.
(Printed or typed name of signee)	
	red agent and agree to act in this capacity. I further agree to elative to the proper and complete performance of my duties, eations of my position as registered agent as provided for in eing filed to merely reflect a change in the registered office iability condany has been notified in writing of this change.
Geanne L. Deculate.	Viu Insident
(Signature of Registered Agent)	
•	ns, P.O. Box 6327, Tallahassee, FL 32314 ILING FEE: \$25.00