

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012183

Entity Name: GOOD GLICK, LLC

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

6740 STIRLING ROAD
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

6740 STIRLING ROAD
DAVIE, FL 33024

New Mailing Address:

FEI Number: 20-4263033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, ALON
6740 STERLING ROAD
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVY, ALON
Address: 6740 STERLING ROAD
City-St-Zip: DAVIE, FL 33024

Title: MGRM () Delete
Name: TAUB, MARTIN
Address: 3 RIVERCREST RD.
City-St-Zip: BRONX, NY 10471

Title: MGRM () Delete
Name: TENENBAUM, JULIE
Address: 3389 SHERIDAN ST., #510
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM () Delete
Name: GUTGLUCK, YOSSEF
Address: SIMTAT HAVERED 5
City-St-Zip: RAMAT HASHAROH, ISRAEL, XX XX

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALON LEVY

MGRM

01/17/2008

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