

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047543

FILED
Aug 25, 2008
Secretary of State

Entity Name: GOODFELLAS GAMES LLC

Current Principal Place of Business:

1061 WEST ORANGE BLOSSOM TRAIL
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

1061 WEST ORANGE
APOPKA, FL 32712 US

New Mailing Address:

1061 WEST ORANGE BLOSSOM TRAIL
APOPKA, FL 32712 US

FEI Number: 20-4842685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: STACY, CRAIG
Address: 993 EAGLES FORREST DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM () Delete
Name: MONDRAGON, DANIEL
Address: 993 EAGLES FORREST DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM (X) Delete
Name: MCCOWN, MONICA L
Address: 1403 BLACK WILLOW TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM (X) Delete
Name: MAYNARD, ROBIN L
Address: 4947 CASABA PLACE
City-St-Zip: ORALNDO, FL 32812

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCOWN, MONICA
Address: 1403 BLACK WILLOW TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: MONICA MCCOWN

MGRM

08/25/2008

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