

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052720

Entity Name: GOOD DEAL, LLC

FILED
Aug 22, 2007
Secretary of State

Current Principal Place of Business:

2135 IMPERIAL CIRCLE
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

2135 IMPERIAL CIRCLE
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 27-0143640 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:

TEREZI, ROMEO
2135 IMPERIAL CIRCLE
NAPLES, FL 34110 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: TEREZI, ROMEO
Address: 2135 IMPERIAL CIRCLE
City-St-Zip: NAPLES, FL 34110 US

Title: MGR () Delete
Name: TEREZI, KOSTIKA
Address: 2113 MISSION DRIVE
City-St-Zip: NAPLES, FL 34109 US

Title: MGR () Delete
Name: TOMAL, ROMAN
Address: 703 GREAT GLEN
City-St-Zip: INVERNESS, IL 60010 US

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:

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: ROMEO TEREZI

MGRM

08/22/2007

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