

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041411

Entity Name: SOMETHING GOOD LLC

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

6767 COLLINS AVENUE, #1102
MIAMI BEACH, FL 33139

New Principal Place of Business:

6767 COLLINS AVENUE, #1102
MIAMI BEACH, FL 33141

Current Mailing Address:

6767 COLLINS AVENUE, #1102
MIAMI BEACH, FL 33139

New Mailing Address:

6767 COLLINS AVENUE, #1102
MIAMI BEACH, FL 33141

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACCHI, LUCIA
6767 COLLINS AVENUE, #1102
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

PARACCHI, LUCIA
6767 COLLINS AVENUE, #1102
MIAMI BEACH, FL 33141 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:

01/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARACCHI, LUCIA
Address: 6767 COLLINS AVENUE, #1102
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: POLILLO, GIOVANNI
Address: 2222 BRICKELL AVENUE, #204
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PARACCHI, LUCIA
Address: 6767 COLLINS AVENUE, #1102
City-St-Zip: MIAMI BEACH, FL 33141

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: PARACCHI LUCIA

MGRM

01/17/2008

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