

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90041 023 ***138.75

DOCUMENT # L07000082723

1. Entity Name
GOOD GATEWAY VENTURES, LLC



Principal Place of Business Mailing Address
174 WEST COMSTOCK AVENUE, SUITE 114 ----- **174 WEST COMSTOCK AVENUE, SUITE 114**
WINTER PARK, FL 32789 ----- **WINTER PARK, FL 32789**

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2. Principal Place of Business - No P.O. Box # 3. Mailing Address
222 W. Comstock Ave. **174 W. Comstock Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 208 **Suite 100**
City & State City & State
Winter Park, Florida **Winter Park, Florida**
Zip Country Zip Country
32789 **USA** **32789** **USA**

01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
26-0767043 Not Applicable
5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
BALLETTA, JAMES
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75 **Make check payable to**
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	M. Carson Good		NAME		
STREET ADDRESS	174 W. Comstock Ave., #100		STREET ADDRESS		
CITY-ST-ZIP	Winter Park, FL 32789		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: M. Carson Good, President **4/14/2008** **407-702-6670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #