

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000093841

**FILED**  
**Nov 24, 2008**  
**Secretary of State****Entity Name:** GOODWILL ENTERPRISES, LLC**Current Principal Place of Business:**1133 SOUTH UNIVERSITY DR  
SUITE 211  
PLANTATION, FL 33324**New Principal Place of Business:****Current Mailing Address:**1133 SOUTH UNIVERSITY DR  
SUITE 211  
PLANTATION, FL 33324**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SAWYER, DEVAN R  
1133 SOUTH UNIVERSITY DR  
SUITE 211  
PLANTATION, FL 33324 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: JOSEPH, ALAND  
Address: 1133 SOUTH UNIVERSITY DR STE 211  
City-St-Zip: PLANTATION, FL 33324Title: MGRM ( ) Delete  
Name: JOSEPH, ALAND  
Address: 1133 SOUTH UNIVERSITY DR STE 211  
City-St-Zip: PLANTATION, FL 33324**ADDITIONS/CHANGES:**Title: . (X) Change ( ) Addition  
Name: ., .  
Address: 1133 SOUTH UNIVERSITY DR STE 211  
City-St-Zip: PLANTATION, FL 33324Title: . (X) Change ( ) Addition  
Name: ., .  
Address: 1133 SOUTH UNIVERSITY DR STE 211  
City-St-Zip: PLANTATION, FL 33324

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: \_\_\_\_\_

11/24/2008

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