

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90041 022 ***138.75

DOCUMENT # L07000101994

1. Entity Name
GOOD STC, LLC



Principal Place of Business Mailing Address
174 WEST COMSTOCK AVENUE, SUITE 114 174 WEST COMSTOCK AVENUE, SUITE 114
WINTER PARK, FL 32801 WINTER PARK, FL 32801

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
22-1222904 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

TITLE	MGMR	<input type="checkbox"/> Delete
NAME	M. Carson Good	
STREET ADDRESS	174 W. Comstock Ave., #100	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

By: M. Carson Good, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/2008

407-702-6670