

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-08-2008 90042 022 ***138.75

DOCUMENT # L07000128183 1. Entity Name GOOD GUYS, GOOD GALS, GOOD GOODS, LLC					
Principal Place of Business 3006 AVIATION AVENUE, SUITE 3A MIAMI, FL 33133			Mailing Address 3006 AVIATION AVENUE, SUITE 3A MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <i>Applied for</i>				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FULTON, STAN 3006 AVIATION AVENUE, SUITE 3A MIAMI, FL 33133			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 _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)					
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 NAME STREET ADDRESS CITY- ST- ZIP	MGR FULTON, STAN 3006 AVIATION AVENUE, SUITE 3A MIAMI, FL 33133		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
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: <u>Stanley M. Fulton</u>			Date: <u>4-6-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		