

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018247

FILED
Apr 30, 2009
Secretary of State

Entity Name: GOOD DEEDS REALTY LLC

Current Principal Place of Business:

301 HICKORY COURT
APOPKA, FL 32712 US

New Principal Place of Business:

3545 CACTUS LANE
MOUNT DORA, FL 32757 US

Current Mailing Address:

301 HICKORY COURT
APOPKA, FL 32712 US

New Mailing Address:

3545 CACTUS LANE
MOUNT DORA, FL 32757 US

FEI Number: 26-1995023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STURM, THEDA G
301 HICKORY COURT
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

STURM, THEDA G
3545 CACTUS LANE
MOUNT DORA, FL 32757 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STURM, GEORGE H JR.
Address: 301 HICKORY COURT
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: STURM, THEDA G
Address: 301 HICKORY COURT
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STURM, GEORGE H JR.
Address: 3545 CACTUS LANE
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM (X) Change () Addition
Name: STURM, THEDA G
Address: 3545 CACTUS LANE
City-St-Zip: MOUNT DORA, FL 32757

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: THEDA STURM

MGRM

04/30/2009

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