

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034742

Entity Name: GOOD CITY MUSIC, LLC

FILED
Aug 30, 2009
Secretary of State

Current Principal Place of Business:

5372 JUBILEE WAY
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

5372 JUBILEE WAY
MARGATE, FL 33063

New Mailing Address:

FEI Number: 26-1679306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMALL, AMANDA S
5372 JUBILEE WAY
MARGATE, FL 33063 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMALL, AMANDA S
Address: 5372 JUBILEE WAY
City-St-Zip: MARGATE, FL 33063

Title: MGRM () Delete
Name: SMALL, KONATA
Address: 5372 JUBILEE WAY
City-St-Zip: MARGATE, FL 33063

Title: MGRM (X) Delete
Name: AZUCENA, GABRIEL
Address: 5870 NE 17TH RD.
City-St-Zip: FT LAUDERDALE, FL 33334

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMANDA S. SMALL

MGR

08/30/2009

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