2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2009
Secretary of State

DOCUMENT# L08000105711

Entity Name: GOOD VIBRATIONS 4 U LLC

Current Principal Place of Business:

3302 ARUBA WAY
APT # G 3
COCONUT CREEK, FL 33306

New Principal Place of Business:

Current Mailing Address:

3302 ARUBA WAY
APT # G 3
COCONUT CREEK, FL 33306

New Mailing Address:

FEI Number: 26-3704637 **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:

KOGAN, CLAUDIA
3302 ARUBA WAY
APT # G 3
COCONUT CREEK, FL 33306 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: KOGAN, CLAUDIA
Address: 3302 ARUBA WAY # G 3
City-St-Zip: COCONUT CREEK, FL 333026

Title: MGR ( ) Delete
Name: ROBINS, JOAN
Address: 3900 GALT OCEAN DRIVE # 1210
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

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: CLAUDIA KOGAN MGR 06/01/2009

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