

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000014818

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** GOOD FRIEND SERVICES. LLC

**Current Principal Place of Business:**

386 SE 2ND AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

386 SE 2ND AVENUE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DORLIZEAU, JOANNE  
528 NW 47TH AVENUE  
DELRAY BEACH, FL 33445 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:** MGR  
**Name:** HERISCA, LEDAN  
**Address:** 386 SE 2ND AVENUE  
**City-St-Zip:** DDELRAY BEACH, FL 33483

**Title:** MGRM  
**Name:** JOANNE, DORLIZEAU  
**Address:** 528 NW 47TH AVENUE  
**City-St-Zip:** DELRAY BEACH, FL 33445

I hereby 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:** JOANNE DORLIZEAU

MGRM

04/28/2012

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