

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90116 029 \*\*\*138.75

**DOCUMENT # M05000001431**

1. Entity Name  
**GOODMANAGEMENT, LLC**



Principal Place of Business  
**603 PILOT HOUSE DR  
SUITE 225  
NEWPORT NEWS, VA 23606**

Mailing Address  
**PO BOX 21967  
NEWPORT NEWS, VA 23612**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**PO Box 12967**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022008 Chg-LLC CR2E083 (12/06)

City & State

City & State  
**Newport News, VA**

4. FEI Number  
**31-1804355**

Applied For  
Not Applicable

Zip

Country

Zip

**23612**

Country

**USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
GOODMAN, DALE F  
603 PILOT HOUSE DR SUITE 225  
NEWPORT NEWS, VA 23606** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
WELLS, CLINTON A  
603 PILOT HOUSE DR SUITE 225  
NEWPORT NEWS, VA 23606** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Clinton Wells**

**4-1-08**

**757-596-5215**

Date

Daytime Phone #