

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000214512

**Entity Name:** GOOD FUNKTION LLC

**Current Principal Place of Business:**

1309 LEE STREET  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

1309 LEE STREET  
DELRAY BEACH, FL 33444 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PENN, ANDREW L II  
3509 NW 13TH STREET  
LAUDERHILL, FL 33311 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

**Authorized Person(s) Detail :**

Title	MGR	Title	AP
Name	PENN, ANDREW L II	Name	PENN, DEIRDRE
Address	3509 NW 13TH ST	Address	3509 NW 13TH ST
City-State-Zip:	LAUDERHILL FL 33311	City-State-Zip:	LAUDERHILL FL 33311

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW PENN

**OWNER**

**01/02/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date