

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 01, 2008
Secretary of State**

DOCUMENT# L02000020931

Entity Name: GOLDENANGEL, LLC

Current Principal Place of Business:

WOOLBRIGHT MARKET, 141 SW WOOLBRIGHT RD
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

WOOLBRIGHT MARKET, 141 SW WOOLBRIGHT RD
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 01-0745717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRICKEL, JILL H
6001 BROKEN SOUND PKY. NW
406
BOCA RATON, FL 33487 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: GOLDFINGER, HOWARD
Address: 3296 LAKEVIEW DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: ANGEL-GOLDFINGER, MICHELLE
Address: 3296 LAKEVIEW DR
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: V () Change (X) Addition
Name: JESSE, GOLDFINGER
Address: 1660 RENAISSANCE COMMONS BLVD #2615
City-St-Zip: BOYNTON BEACH, FL 33426

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: JESSE GOLDFINGER

V

04/01/2008

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