

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90056 001 ****50.00

DOCUMENT # L02000020931

1. Entity Name

GOLDENANGEL, LLC



Principal Place of Business

WOOLBRIGHT MARKET, 141 SW WOOLBRIGHT RD
BOYNTON BEACH FL 33435

Mailing Address

WOOLBRIGHT MARKET, 141 SW WOOLBRIGHT RD
BOYNTON BEACH FL 33435

20019900



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

01-0745717

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRICKEL, JILL H
6001 BROKEN SOUND PKY. NW
406
BOCA RATON FL 33487

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME GOLDFINGER, HOWARD
STREET ADDRESS 1405 S. FEDERAL HIGHWAY #118
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM Delete
NAME ANGEL-GOLDFINGER, MICHELLE
STREET ADDRESS 1405 S. FEDERAL HIGHWAY #118
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Howell Angel Goldfinger

1-17-03

Date

561

732-2454

Daytime Phone #

CR2E083 (10/02)