

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90055 030 ****50.00

DOCUMENT # L04000085285

1. Entity Name
GOLD-GATE HOLDINGS, LLC



Principal Place of Business
**C/O ADAM R. SCHIFFMAN, P.A.
2999 N.E. 191 STREET, SUITE 900
AVENTURA, FL 33180**

Mailing Address
**C/O ADAM R. SCHIFFMAN, P.A.
2999 N.E. 191 STREET, SUITE 900
AVENTURA, FL 33180**

20040295



03032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1949345

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHIFFMAN, ADAM R ESQ.
2999 N.E. 191 STREET, SUITE 900
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FEINGOLD, ERIK A 2999 N.E. 191 STREET, SUITE 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FEINGOLD, ALLA M 2999 N.E. 191 STREET, SUITE 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/28/06

Date

Daytime Phone # _____