2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900001580 1. Entity Name GOLDEN CONSULTING LLC				FILED 00 JAN 24 PM 3: 46		
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
198 SPYGLASS COURT 198 SPYGLASS COURT JUPITER FL 33477 JUPITER FL 33477-4067				IALLAHAGGEL	•	
30171211123	GT//	SQUITER TE SOUTH TOO) INDIVIDUO DE TOMO LOCAL DE DIA ROLLE DONI DE DIA CONTRACTOR DE DESCRIPTOR DE DESCRIP)(2 8 1 (8)21 86 21 (85 3	
Principal Place of Business 3. Malling Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For		
			Country	65-0915507 Not 2: 11 11 11 11 11 11 11 11 11 11 11 11 11		
21p	Country	Zip つ プラ語 manay e でき	Country	Fee Requ	Additional uired	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			148	Spyglass Court	<u> </u>	
·			CityJup	ITER FL 3	3477	
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.						
SIGNATURE Land Tooldu - Managing Member 1/13/00 Signature, typic or printed name of registered agent and title if applicable. (NOTE: Registered Agent Senature require when reinstatung) DATE						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State						
9.	MANAGING M	·	10.	ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	80000311840		
NAME STREET ADDRESS	GOLDEN, RAYMOND L 198 SPYGLASS COURT		MAME STREET ADDRESS	-02/01/0001068	010	
CITY- \$7- ZIP	JUPITER FL 33477	☐ Delete	CITY-8T-ZIP	**************************************	**50.00 p □ Addition	
NAME		LI DESIGNATION /	: NAME	~ ^ ^	, <u> </u>	
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NAME STREET AUDRESS			NAME STREET ADDRESS	•		
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STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP			
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NAME STREET ACCRESS	,		MAME STREET ADDRESS			
CITY-8T-ZIP	pertify that the information supplier	d with this filing does not qualify for t	the exemption stated in S	Section 119 07(3)(i) Florida Statutes I further certify that the	e information	
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: LANGUA LANGUE COLDEN 1/13/00 561-222-5						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Date Date Date Date Date						