2001 UNIFORM BUSINESS REPORT (UBR)

0005755

DOCUMENT # L99000001580

1. Entity Name

GOLDEN CONSULTING LLC

FILED
01 SEP -7 PM 12: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: ~~198 SPYGLASS COURT JUPITER FL 33477~~

Mailing Address: ~~198 SPYGLASS COURT JUPITER FL 33477~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
85 Curlew Rd	85 CURLEW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Manalapan, Fl	City & State: MANALAPAN FL
Zip: 33462 Country: U.S.	Zip: 33462 Country: U.S.

4. FEI Number 65-0915507 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, RAYMOND L
198 SPYGLASS COURT
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name: RAYMOND L. GOLDEN
Street Address (P.O. Box Number is Not Acceptable): 85 CURLEW Rd
City: MANALAPAN FL Zip Code: 33462

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 [signature] Raymond L Golden 8/31/01
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 Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GOLDEN, RAYMOND L 198 SPYGLASS COURT JUPITER FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RAYMOND L GOLDEN 85 CURLEW Rd MANALAPAN FL. 33462	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400004603834--1 -09/21/01--01037--004 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (5/01)

STAPLE CHECK HERE

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] Raymond L Golden 8/31/01 561-582-4378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #