

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093501

**Entity Name:** GOLD ONE LLC

**Current Principal Place of Business:**

8777 COLLINS AVENUE  
APT 510  
SURFSIDE, FL 33154

**Current Mailing Address:**

2475 BRICKELL AVE  
APT 2305  
MIAMI, FL 33129 US

**FEI Number:** 45-3002251

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SBS BPO INC  
7801 NW 37TH ST  
SUITE LP-101  
DORAL, FL 33166 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name KAUFMANN, MIGUEL  
Address 8777 COLLINS AVENUE  
APT 510  
City-State-Zip: SURFSIDE FL 33154

Title MGR  
Name KAUFMANN, SOFIA  
Address 8777 COLLINS AVENUE  
APT 510  
City-State-Zip: SURFSIDE FL 33154

Title MGR  
Name KAUFMANN, MAURICIO  
Address 8777 COLLINS AVENUE  
APT 510  
City-State-Zip: SURFSIDE FL 33154

Title MGR  
Name CAMOU, MARIA G  
Address 8777 COLLINS AVENUE  
APT 510  
City-State-Zip: SURFSIDE FL 33154

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAUFMANN, MIGUEL

MGR

01/02/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date