2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000079275

Entity Name: GOLD PLUS GROUP, LLC

Current Principal Place of Business:

11590 W SR 84 DAVIE. FL 33325

Current Mailing Address:

661 S FIG TREE LANE PLANTATION, FL 33317 US

FEI Number: 85-1451907 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SRIUDOMSILP, PANIDA 1719 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009 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

FILED Mar 10, 2021

Secretary of State

6474031993CC

Authorized Person(s) Detail :

Title Title **PRESIDENT**

Name RATTANACHAYABUN, SINEE Name SRIUDOMSILP, PANIDA **301 174TH STREET** Address 661 S FIG TREE LANE Address **APT 901**

City-State-Zip: SUNNY ISLES BEACH FL 33160

AUTHORIZED MEMBER Title Title CEO Name SIHAWONG, PHANICH

Name SAPUTRA, IWAN Address 251 174TH STREET 3710 SIMMS STREET Address

APT 311

City-State-Zip: SUNNY ISLES BEACH FL 33160 HOLLYWOOD FL 33020 City-State-Zip:

City-State-Zip:

PLANTATION FL 33317

Title **AUTHORIZED MEMBER** Title **AUTHORIZED MEMBER** Name PHOOKANOK, THANAKRIT **TAVID LLC** Name

Address **1870 NE 159TH STREET** 5456 NE 3RD AVE Address

City-State-Zip: NORTH MIAMI BEACH FL 33162 City-State-Zip: OAKLAND PARK FL 33334

Title AUTHORIZED MEMBER Name TOSPORN, PONGPAISAL

Address 5661 NE 8TH AVE.

City-State-Zip: WILTON MANORS FL 33334

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.

03/10/2021 SIGNATURE: PANIDA SRIUDOMSILP **PRESIDENT**

Electronic Signature of Signing Authorized Person(s) Detail

Date