

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000325759

**Entity Name:** GOLDEN TRIAD 986 LLC

**Current Principal Place of Business:**

6750 NW 109 CT  
DORAL, FL 33178

**Current Mailing Address:**

6750 NW 109 CT  
DORAL, FL 33178 US

**FEI Number:** 85-3453422

**Certificate of Status Desired:** No

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

BOTHE, ANDREA  
6750 NW 109 CT  
DORAL, FL 33178 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           MANAGER  
Name           POSADA, NORA E  
Address        6750 NW 109 CT  
City-State-Zip: DORAL FL 33178

Title           MANAGER  
Name           CUARTAS, LUZ V  
Address        6750 NW 109 CT  
City-State-Zip: DORAL FL 33178

Title           MANAGER  
Name           BOTHE, ANDREA N  
Address        6750 NW 109 CT  
City-State-Zip: DORAL FL 33184

*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:** ANDREA BOTHE

MANAGER

05/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date