

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90065 011 ****50.00

DOCUMENT # L00000000333

1. Entity Name

GOLDEN AGE LIGHTING L.L.C.



Principal Place of Business

13265 SW 124TH STREET
MIAMI FL 33186

Mailing Address

13265 SW 124TH STREET
MIAMI FL 33186

2. Principal Place of Business

5483 NW 72nd Ave

3. Mailing Address

5483 NW 72nd Ave

- Suite, Apt. #, etc.

- Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

54-2113984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

BUYUKTAFLI, AYDIN
13265 SW 124 ST.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **NAFI SINMAZ**
Street Address (P.O. Box Number is Not Acceptable)

5483 NW 72nd Ave.

City **MIAMI**

FL

Zip Code

33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SINMAZ, NAFI**
STREET ADDRESS **13265 SW 124TH STREET**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **MGRM** ☐ Delete
NAME **BUYUKTAFLI, AYDIN**
STREET ADDRESS **13265 SW 124TH STREET**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **SINMAZ, NAFI**
STREET ADDRESS **5483 NW 72nd Ave.**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **BUYUKTAFLI, AYDIN**
STREET ADDRESS **5483 NW 72nd Ave.**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

7/22/03

305-883-0688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)