

2001 UNIFORM BUSINESS REPORT (UBR)

0015412 AF

DOCUMENT # L00000001815

1. Entity Name
GOLDEN INDUSTRIES, LLC

FILED

01 JAN 26 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1004 SOUTH OLD DIXIE HWY
STE 350
JUPITER FL 33458

Mailing Address
1004 SOUTH OLD DIXIE HWY
STE 350
JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

212 North U.S. Hwy One

212 North U.S. Hwy One

Suite, Apt. #, etc.

Suite, Apt. #, etc.

21

Suite 21

City & State

City & State

Tequesta, FL

Tequesta, FL

Zip

Zip

33469

Country

US

33469

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0983299

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, MICHAEL S
1201 U.S. HWY ONE, STE 240A
NORTH PALM BEACH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

400003654864--8
-02/06/01--01105--006
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGRM
Marx, Frederick Jr.
212 N. US Hwy One
Tequesta, FL 33469

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

(561) 748-3001

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

Date

Daytime Phone #

CR2E083 (11/00)