

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000005302

1. Entity Name
GOLDEN GATE K, LLC



FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90015 048 ****50.00

Principal Place of Business
550 MAMARONECK AVENUE
SUITE 404
HARRISON, NY 10528

Mailing Address
550 MAMARONECK AVENUE
SUITE 404
HARRISON, NY 10528

P.O. Box 1126
Knoxville, TN



02252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4115300

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLALOCK LANDERS WALTERS & VOGLER PA
802 11TH STREET WEST
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAYDEN, BERNARD H 550 MAMARONECK AVENUE, SUITE 404 HARRISON, NY 10528
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IN THIS SPACE**

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

Bernard Kayden, Managing Member

Date

Daytime Phone #