

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000016052

1. Entity Name

GOLDEN GATE, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUL 11 PM 1:25

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3500 Equestrian Way

Suite, Apt. #, etc.

3. Mailing Address

3500 Equestrian Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Knoxville, TN

City & State

Knoxville, TN

4. FEI Number

651062115

Applied For

Not Applicable

Zip

37921

Country

Zip

37921

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

A1A Corporate Services

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

218 Southern Country Lane

City Quincy

FL

Zip Code  
32351

**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.

SIGNATURE

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

7/11/02  
DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MMGR  
VINCENT, ZANE P.  
3500 Equestrian Way  
Knoxville, TN 37921

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MMGR

TITLE  
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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)(f), 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: *Zane P. Vincent*

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

ZANE P. VINCENT

7/8/02  
Date

865-949-4611  
Daytime Phone #

CR2E083B (12/01)