

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90189 016 ****50.00

DOCUMENT # L01000010342

1. Entity Name

GOLDEN AGE MANAGEMENT COMPANY, LC



Principal Place of Business

**18107 NW COUNTY ROAD 239
ALACHUA FL 32615
US**

Mailing Address

**PO BOX 1119
ALACHUA FL 32616
US**

2. Principal Place of Business

7257 NW 4TH BLVD.

3. Mailing Address

7257 NW 4TH BLVD.

Suite, Apt. #, etc.

Suite # 46

Suite, Apt. #, etc.

Suite # 46

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32607

Country

ALACHUA

Zip

32607

Country

ALACHUA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3734902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KHURANA, NAVEEN
18107 NW COUNTY ROAD 239
ALACHUA FL 32615**

7. Name and Address of New Registered Agent

Name

JEROME PORITZ

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

7257 NW 4TH BLVD.

Suite # 46

City

GAINESVILLE

FL

Zip Code

32607

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

JEROME PORITZ

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

4/25/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **KHURANA, NAVEEN**
STREET ADDRESS **18107 NW CR 239**
CITY-ST-ZIP **ALACHUA FL 32615**

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10. ADDITIONS/CHANGES

TITLE **MGR**
NAME **PORITZ, JEROME**
STREET ADDRESS **7257 NW 4TH BLVD, # 46**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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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

JEROME PORITZ

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

Date

Daytime Phone #

4/25/03

CR2E083 (10/02)