

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

03-12-2003 90009 026 *****50.00

DOCUMENT # L02000017436

1. Entity Name

GOLDEN TOUCH, LLC



Principal Place of Business

Mailing Address

1001 BRICKELL BAY DRIVE, STE 2600
MIAMI FL 33131

1001 BRICKELL BAY DRIVE, STE 2600
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

16300 NE 19 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C

City & State

City & State

North Miami Beach FL

Zip

Country

Zip

Country

33162

4. FEI Number

04-3701757

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

RODRIGUEZ, JACQUELINE F
1001 BRICKELL BAY DRIVE, STE 2600
MIAMI FL 33131

Name **FERNANDO SILVA**

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

16300 NE 19 Ave.

SUITE C.

City **N. Miami Beach**

FL

Zip Code

33162

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **ROSALES, OSCAR**
STREET ADDRESS **8317 CORAL LAKE DR.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **CLAUDIA LILIANA AGUIRRE**
STREET ADDRESS **1001 BRICKELL BAY DRIVE # 2600**
CITY-ST-ZIP **MIAMI B. FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Claudia Aguirre

3/5/03

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

Date

Daytime Phone #

CR2E083 (10/02)