

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000026356

1. Entity Name
GOLDENROD INVESTMENTS, LLC



Principal Place of Business
1602 RIO COVE COURT
ORLANDO, FL 32825

Mailing Address
1602 RIO COVE COURT
ORLANDO, FL 32825



01072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0526353

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCHENA, MARCOS R
233 S. SEMORAN BLVD.
ORLANDO, FL 32807

**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
MGR
RIVERO, CARLOS A
1602 RIO COVE COURT
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
GIANNELLI, GERALD H
1913 MAGIES COURT
OVIEDO, FL 32766

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MENDENHALL, CHARLES R
11150 CLAPP SIMS DUDA ROAD
ORLANDO, FL 32832

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MENDENHALL, BRIAN
19664 PEABODY STREET
ORLANDO, FL 32833

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000268593
03/18/05-80050-004 50.00

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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:

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

Date

Daytime Phone #

CARLOS A. RIVERO, MGR ABK 1-6-05 407-947-4962