## **Secretary of State** DOCUMENT # L03000011684 02-04-2004 90231 036 \*\*\*\*50.00 1. Entity Name GOLDEN ELVES RES. & MAGMT. SERVICES, LLC Principal Place of Business Mailing Address C/O BOVARNICK P.O. BOX 811359 BOCA RATON FL 33481-1359 C/O BOVARNICK P.O. BOX 811359 BOCA RATON FL 33481-1359 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 . (11/03) MOORE 7 Applied For City & State City & State 4. FEI Number 77-1463/98 Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name The same of the sa **BOVARNICK, BENNETT** Street Address (P.O. Box Number is Not Acceptable) 3945 N.W. 27 AVENUE BOCA RATON FL 33434 Zip Code City 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 Squature, typed or private name of registered agent and site 4 applicable. (NOTE: Peoistered Asient argretiure required when reinstative) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE Change ☐ Addition MAGE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MANAGING MEMBER TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BENNE NAME BOVARNTOK STREET ADDRESS STREET ADDRESS 3945 NW 27 CHY-51-70 CITY-ST-ZIP BOCA Ratus FL 33434 ☐ Detete ☐ Change Addition TITLE one. MALK MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TIRE □ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS C17-51-38 CITY. ST. 7P ☐ Addition TITLE C Delete TILE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CUTY - 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.

FILED

Feb 17, 2004 8:00 am