



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90123 018 ****50.00

DOCUMENT # L03000014971 1. Entity Name GOLDEN AIRWAYS CAPITAL GROUP, LLC.					
Principal Place of Business 8201 PETERS ROAD 1000 PLANTATION, FL 33324			Mailing Address C/O GARY ALEXANDER, CPA PO BOX 1000 590 PALM CITY, FL 34991		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALEXANDER, GARY CPA 8201 PETERS ROAD 1000 PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEXANDER, GARY CPA PO BOX 1000 590 PALM CITY, FL 34991 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date 1/20/04		Daytime Phone # 772-288-7775

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01192004 Chg-LLC CR2E083 (10/03)

4. FEI Number **11-3685979** Applied For. Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required