## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) -

DOCUMENT # L03000021708 -

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

## **FILED** May 04, 2004 8:00 am Secretary of State 04-19-2004 90035 029 \*\*\*\*50.00

□ Change

Change

■ Addition

Addition

A GOLDE	N EXPERIENCE, LLC						
Principal Place	e of Business	Mailing Address		7			
840 W. NEW DELAND FL	YORK AVE, STE. D 32720	840 W. NEW YORK AVE DELAND FL 32720	, STE. D	3	4005145		
					#117		
505 E		3. Mailing Address 505 E. Neu	York Ave				
Suite, Apt.		Suite, Apt. #, etc.		MOORE	CR2E083 (11/03)		
City & State	1 FL.	City & State Deland F	· l	4. FEI Number 54 - 211466			
3272	4 USA	32724 \	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required		
	6. Name and Address of Current F			7. Name and Address of New R	7. Name and Address of New Registered Agent		
	NA DIOLEAND D	Miles 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Name	litchard R. Cool	· · · · · · · · · · · · · · · · · · ·		
(				(P.O. Box Number is Not Acceptable			
	AND FL 32720						
505 E. New York Ave, Ste 8							
	City Deland FL 39794						
8. The above named entity subtries this platement for the purpose of chapging 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 Signatore, typoid or printed name of registered agent and wife if applicable— (NOTE: Registered Agent signature required when reunstaturg)  DATE							
	,	FILE NO	WII! FEE IS \$50.00				
		Make Check Payable	to Florida Departm	නි කිරෙනි මන්ති මා වර්ග			
		S. Due					
9.			By May 1, 2004				
	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS			
TITLE	MGRM	A R. S. WARRY CO. B. S. S. S. C. C.	10.	# Control of the Cont	CHANGES Addition		
TITLE NAME	MGRM RICE, ANDREW	RS/MANAGERS	10.	# Control of the Cont			
TITLE NAME	MGRM	RS/MANAGERS	10. TITLE NAME	# Control of the Cont			
TITLE NAME STREET ADORESS	MGRM RICE, ANDREW 840 W. NEW YORK AVE, STE. D	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	# Control of the Cont			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM RICE, ANDREW 840 W. NEW YORK AVE, STE. D DELAND FL 32720 MGRM YORK-RICE, CORINNA	RS/MANAGERS  Oelete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	# Control of the Cont	☐ Change ☐ 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Delete

☐ Delete

SIGNATURE: Cy-Paie, MGRM	4-14-04	(562) 439-5543
SIGNATURE AND TYPED OR PRINTED MAKE OF BRIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #