

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Aug 01, 2005 08:00 AM  
Secretary of State

DOCUMENT # L03000021708

1. Entity Name  
A GOLDEN EXPERIENCE, LLC



Principal Place of Business

505 W. NEW YORK AVE  
#8  
DELAND, FL 32724

Mailing Address

505 W. NEW YORK AVE  
#8  
DELAND, FL 32724



07272005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

54-2114665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

COOK, RICHARD R  
505 E. NEW YORK AVE.  
STE 8  
DELAND, FL 32724

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RICE, ANDREW  
840 W. NEW YORK AVE, STE. D  
DELAND, FL 32720

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
YORK-RICE, CORINNA  
840 W. NEW YORK AVE, STE. D  
DELAND, FL 32720

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000375236  
08/01/05-80010-012 50.00

**DO NOT WRITE  
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

7-21-05 (562) 439-5543

Date

Daytime Phone #