

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000021708

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** A GOLDEN EXPERIENCE, LLC

**Current Principal Place of Business:**

7855 ARGYLE FOREST BLVD.  
SUITE 401  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

6475 E PACIFIC COAST HWY #245  
LONG BEACH, CA 90803

**New Mailing Address:**

**FEI Number:** 54-2114665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DULITZ, TONI  
7855 ARGYLE FOREST  
SUITE 401  
JACKSONVILLE, FL 32244 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RICE, ANDREW  
Address: 6475 E. PCH #245  
City-St-Zip: LONG BEACH, CA 90803

Title: MGRM  
Name: YORK-RICE, CORINNA  
Address: 6475 E. PCH #245  
City-St-Zip: LONG BEACH, CA 90803

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CORINNA YORK-RICE

MGRM

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date