

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90055 014 ****50.00

DOCUMENT # L04000011159

1. Entity Name
GOLDEN WIZARD SUN, L.L.C.



Principal Place of Business
8040 HAMPTON BLVD.
#205
N. LAUDERDALE, FL 33068

Mailing Address
8040 HAMPTON BLVD.
#205
N. LAUDERDALE, FL 33068

2. Principal Place of Business
4190 NW 66th PLACE
Suite, Apt. #, etc.

3. Mailing Address
4190 NW 66th PLACE
Suite, Apt. #, etc.

City & State
COCONUT CREEK, FL
Zip
33073-2018
Country
US

City & State
COCONUT CREEK, FL
Zip
33073-2018
Country
US

04032006 Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FONSECA, MARCO
8040 HAMPTON BLVD.
#205
N. LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent

Name (SAME)
Street Address (P.O. Box Number is Not Acceptable)
4190 NW 66th PLACE
City COCONUT CREEK FL Zip Code 33073-2018

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FONSECA, MARCO A
STREET ADDRESS 8040 HAMPTON BLVD. #205
CITY-ST-ZIP N. LAUDERDALE, FL 33068

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE (SAME)
NAME
STREET ADDRESS 4190 NW 66th PLACE
CITY-ST-ZIP COCONUT CREEK, FL 33073-2018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-10-06

Date Daytime Phone #