

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000011159

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



Principal Place of Business
**4190 NW 66TH PL
POMPAÑO BEACH, FL 33073-2018**

Mailing Address
**4190 NW 66TH PL
#205
POMPAÑO BEACH, FL 33073-2018**



04052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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
4190 NW 66TH PL
POMPAÑO BEACH, FL 33073-2018**

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
FONSECA, MARCO A
4190 NW 66TH PL
POMPAÑO BEACH, FL 330732018**

TITLE
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06/19/07-800003-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

06-01-07

Date

954-608-8541

Daytime Phone #