

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

04-29-2005 90041 039 ***150.00

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DOCUMENT # L04000037817

1. Entity Name
GOLDEN POINT, LLC



Principal Place of Business
15677 SW 53RD STREET
MIRAMAR, FL 33027

Mailing Address
15677 SW 53RD STREET
MIRAMAR, FL 33027

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1151666** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**GBS CONSULTANTS
1290 WESTON RD., SUITE 306
WESTON, FL 33326**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|------------------------------|------------------------------|---------------------------------|-------------------------|--|---|
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RESTREPO, LILIANA | | NAME | | |
| STREET ADDRESS | 1581 BRICKELL AVE., APT 1702 | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL | | CITY - ST - ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PUERTA, JUAN CARLOS | | NAME | | |
| STREET ADDRESS | CALLE 6 # 50-47 | | STREET ADDRESS | | |
| CITY - ST - ZIP | MEDELLIN, COLOMBIA, | | CITY - ST - ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARROYAVE, AUGUSTO N | | NAME | | |
| STREET ADDRESS | 11502 SW 61 TERRACE | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL | | CITY - ST - ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VALLE, ELVIA | | NAME | | |
| STREET ADDRESS | 11502 SW 61 TERRACE | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL | | CITY - ST - ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FINA, DORIAN I P | | NAME | | |
| STREET ADDRESS | 15677 SW 53RD STREET | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIRAMAR, FL 33027 | | CITY - ST - ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FINA DE VALLE, CARMENZA M | | NAME | | |
| STREET ADDRESS | 15677 SW 53RD STREET | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIRAMAR, FL 33027 | | CITY - ST - ZIP | | |

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.

SIGNATURE: *[Signature]* **Date:** *4/21/05* **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE