

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000047889

Entity Name: GOLDEN B AND B, LLC

FILED
Oct 30, 2005
Secretary of State

Current Principal Place of Business:

4418 CLEAR RIVER CT.
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

4418 CLEAR RIVER CT.
ORLANDO, FL 32817

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARCLAY, WILLIAM M
4418 CLEAR RIVER CT.
ORLANDO, FL 32817 US

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: WILLIAM M BARCLAY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: BARCLAY, GAIL P
Address: 4418 CLEAR RIVER CT.
City-St-Zip: ORLANDO, FL 32817

Title: TRES () Delete
Name: BARCLAY, WILLIAM M
Address: 4418 CLEAR RIVER CT.
City-St-Zip: ORLANDO, FL 32817

Title: VP () Delete
Name: BEALE, NANCY
Address: 1224 IDAHO AVE.
City-St-Zip: CAPE MAY, NJ 08204

Title: SEC () Delete
Name: BEALE, ALBERT F
Address: 1224 IDAHO AVE.
City-St-Zip: CAPE MAY, NJ 08204

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM M BARCLAY

TRES

10/30/2005

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