

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90120 011 ***138.75

DOCUMENT # L04000070395

1. Entity Name
GOLDEN PROPERTIES, L.L.C.



Principal Place of Business
18 N. BROAD ST.
BROOKSVILLE, FL 34601

Mailing Address
18 N. BROAD ST.
BROOKSVILLE, FL 34601

60040690



DO NOT WRITE IN THIS SPACE

04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
74-3131558

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARY BETH
GARY, BETH
18 N. BROAD ST.
BROOKSVILLE, FL 34601

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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 _____

FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GARY, MARY BETH
18 N. BROAD STREET
BROOKSVILLE, FL 34601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

Date

Daytime Phone #