

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90126 024 ***138.75

DOCUMENT # L05000029650

1. Entity Name
GOLD MOUND LLC



Principal Place of Business
**6560 PARK LANE W
LAKE WORTH, FL 33467 US**

Mailing Address
**6560 PARK LANE W
LAKE WORTH, FL 33467 US**

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01162008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-2562601

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEREK A. SCHWARTZ, PA
2385 EXECUTIVE CENTER DR
SUITE 190
BOCA RATON, FL 33431**

Name **Nancy Cabezas**

Street Address (P.O. Box Number is Not Acceptable)

6560 Park Lane W

City **Lake Worth**

FL

Zip Code 33449

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

Nancy Cabezas

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/08

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CABEZAS, NANCY
12431 ANTILLE DR
BOCA RATON, FL 33428** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR Cabezas, Nancy
6560 Park Lane W
Lake Worth FL 33449** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition

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:

Nancy Cabezas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/08 541 921-0064