

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044871

Entity Name: GOLDEN FASHIONS LLC

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

7360 ULMERTON RD
19 D
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

7360 ULMERTON RD
19D
LARGO, FL 33771

New Mailing Address:

FEI Number: 20-2817998 FEI Number Applied For () FEI Number Not Applicable () 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:

TOUBEH, IMAD
7360 ULMERTON RD
19 D
LARGO, FL 33771 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOUBEH, IMAD
Address: 7360 ULMERTON RD # 19 D
City-St-Zip: LARGO, FL 33771

Title: MGRM () Delete
Name: MOUSA, OSAMA
Address: 5080 70TH AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGRM () Delete
Name: BAYYARI, MOND
Address: 2625 STATE RD 590 APT 2832
City-St-Zip: CLEARWATER, FL 33759

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: IMAD TOUBEH

MGRM

05/05/2008

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