

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045834

Entity Name: 8-HOMEGOLD, LLC

FILED  
Jun 15, 2009  
Secretary of State

## Current Principal Place of Business:

1545 NE 123RD STREET  
NORTH MIAMI, FL 33161 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 526146  
MIAMI, FL 33152 US

## New Mailing Address:

FEI Number: 20-2805736      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:

FREDERICK, MICHAEL L  
15600 SW 288TH STREET  
SUITE 305  
HOMESTEAD, FL 33033 US

## Name and Address of New Registered Agent:

OLSEN, JOHN  
1545 NE 123RD ST  
NORTH MIAMI, FL 33161 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: JOHN OLSEN

06/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: COOSEMANS, DANIEL  
Address: 1545 NE 123RD STREET  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition  
Name: OLSEN, JOHN  
Address: 1545 NE 123RD STREET  
City-St-Zip: NORTH MIAMI, FL 33161 US

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: JOHN OLSEN

MGRM

06/15/2009

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