

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000083824

1. Entity Name

GOLDEN ESTATES 92, LLC



Principal Place of Business

12422-92ND WAY
LARGO, FL 33777

Mailing Address

12422-92ND WAY
LARGO, FL 33777



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-5360213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K
401 S. LINCOLN AVE.
CLEARWATER, FL 33756

**DO NOT WRITE
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 MGRM
NAME DIBENEDETTO, FRANK J
STREET ADDRESS 12422-92ND WAY
CITY-ST-ZIP LARGO, FL 33777

TITLE MGRM
NAME DIBENEDETTO, PATRICIA A
STREET ADDRESS 12422-92ND WAY
CITY-ST-ZIP LARGO, FL 33777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000822660
02/20/08-80006-020 138.75

**DO NOT WRITE
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