05000100386

00789-00524-00671
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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M. HODGES



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

STEPHEN K. BOONE, ESQ. BOONE, BOONE, BOONE, KODA & FROOK, P.A. P.O. BOX 1596 VENICE, FL 34284

SUBJECT: GOLDEN IMPORTS, LLC

Ref. Number: L05000106386

We have received your document for GOLDEN IMPORTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Articles of Correction can only be filed within 30 days of the original file date which was 11/01/05, therefore, you must file the attachedRegisterd Agent Change form to change the registered agent information for this company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 906A00011276

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GOLDEN IMPO	RTS, LLC Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
STEPHEN K. BOONE, ESQ. (Name of Person)	
(traine of Person)	
BOONE, BOONE, KODA & (Firm/Company)	FROOK, P.A.
P. O. BOX 1596	
(Address)	
VENICE, FL 34284	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
STEPHEN K. BOONE, ESQ. at (9	41) 488-6716
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	unt:
 ✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

· STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited

liability company submits the following stateme agent, or both, in the State of Florida.	ent in order to change its registered office or registere	≥đ
1. The name of the limited liability company is:	GOLDEN IMPORTS, LLC	
2. The mailing address of the limited liability co	mpany is: 1590 SOUTH TAMIAMI TRAIL,	3-
VENICE, FLORIDA 34293		_
	1.05000400200	
NOVEMBER 1, 2005 3. Date of filing/registration in Florida	L05000106386 4. Document number	<u>-</u>
•		
The name of the registered agent and the regis Florida Department of State:	stered office address as shown on the records of the	
BOB GOLDEN		
1590 S. TAMIAMI		
	Address Addres	
VENICE, FL 3429	State and Zip	
		ĺ
6. The name and address of the new registered a	gent and/or office:	
ROBERT E. GOL	DEN Properties A P	1 1
1590 S. TAMIAMI	s (P.O. Box NOT acceptable)	
Liolida stieet admess	s (F.O. Box NOT acceptable)	
VENICE	FL 34293	
City, S	state and Zip	
confirmed that after the change or changes are mand the business office of the registered agent will ability company, it is hereby confirmed that the		l
ROBERT E. GOLDEN		
(Printed or typed name of signee)		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address. I hereby confirm that the limited liability (Sighature of Registered Agent)	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, is of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.	0
(ASSISSAND AS ESCHANDA ASSAUL)		