## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000116836

Title:

Name:

Address:

City-St-Zip:

() Delete

Entity Name: GOLDEN HORIZON CONSULTING SERVICES, L.L.C.

FILED Jul 20, 2009 Secretary of State

( ) Change (X) Addition

4566 TRADEWINDS DRIVE

PENSACOLA, FL 32514

**Current Principal Place of Business: New Principal Place of Business:** 100 S. ASHLEY DRIVE, STE. 500 14819 BOWFIN TERRACE TAMPA, FL 336025301 BRADENTON, FL 34202 **Current Mailing Address: New Mailing Address:** 100 S. ASHLEY DRIVE, STE. 500 14819 BOWFIN TERRACE TAMPA, FL 336025301 BRADENTON, FL 34202 FEI Number: 26-3459254 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: MATHER, KENNETH G.M. ESQ. SESSA, LOU HINSHAW & CULBERTSON, LLP 100 S. ASHLEY DRIVE, STE. 500 14819 BOWFIN TERRACE BRADENTON, FL 34202 US TAMPA, FL 33602 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: LOU SESSA 07/20/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Delete (X) Change ( ) Addition MATHER, KENNETH G.M. ESQ. SESSA, LOU Name: Name: Address: 100 S. ASHLEY DRIVE, STE. 500 Address: 14819 BOWFIN TERRACE City-St-Zip: TAMPA, FL 336025301 City-St-Zip: BRADENTON, FL 34202 Title: Title: MGR ( ) Change (X) Addition ( ) Delete Name: Name: DIAZ-GRANADAS, ENRIQUE Address: Address: 7506 PINE VALLEY STREET City-St-Zip: City-St-Zip: BRADENTON, FL 34202 Title: () Delete Title: MGR ( ) Change (X) Addition SEXTON, RICHARD Name: Name: 2437 PINEHURST LANE Address: Address: City-St-Zip: City-St-Zip: ORANGE PARK, FL 32003

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.

Title:

Name:

Address:

City-St-Zip:

MGR ( CONN, GREG

SIGNATURE: LOU SESSA MGR 07/20/2009