

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122641

FILED
Jan 08, 2009
Secretary of State

Entity Name: GOLDEN EXPRESSIONS, LLC

Current Principal Place of Business:

5781 LEE BLVD., SUITE 208-310
ATTN: ALFRED WILLIAMS
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

5781 LEE BLVD., SUITE 208-310
ATTN: ALFRED WILLIAMS
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 30-0401838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ALFRED L MR.
5781 LEE BLVD
SUITE 208-310
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: WILLIAMS, ALFRED L MR.
Address: 5781 LEE BLVD., SUITE 208-310
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM () Delete
Name: WILLIAMS, RENEE M MRS.
Address: 5781 LEE BLVD., SUITE 208-310
City-St-Zip: LEHIGH ACRES, FL 33991

Title: MGRM () Delete
Name: WILLIAMS, ALTAN L MR.
Address: 14392 SALEM
City-St-Zip: REDFORD, MI 482393316

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: ALFRED L. WILLIAMS

MGR

01/08/2009

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