2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2008
Secretary of State

DOCUMENT# L07000092251

Entity Name: GOLDEN SHIELD INSURANCE & TAGS LLC

Current Principal Place of Business:

2700 W ATLANTIC BLVD, STE 102A
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2700 W ATLANTIC BLVD, STE 102A
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 22-3968591 **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:

EDOUARD, KINSONN J
2700 W ATLANTIC BLVD, STE 102A
POMPANO BEACH, FL 33069 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:	MGRM	( ) Delete
Name:	PIERRE, CARINE	
Address:	1041 SEABROOK AVE	
City-St-Zip:	DAVIE, FL 33325	
Title:	MGRM	( ) Delete
Name:	SIRIUS, STEPHANY J	
Address:	4613 N UNIVERSITY DR #555	
City-St-Zip:	CORAL SPRINGS, FL 33067	
Title:	MGRM	( ) Delete
Name:	EDOUARD, KINSONN J	
Address:	2700 W ATLANTIC BLVD, STE 102A	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	MGRM	( ) Delete
Name:	SIRIUS, SAMSON	
Address:	4613 N. UNIVERSITY DR #555	
City-St-Zip:	CORAL SPRINGS, FL 33067	

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:	
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: KINSONN J EDOUARD MGRM 06/23/2008

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