

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90106 017 ***143.75

DOCUMENT # L07000104517

1. Entity Name
GOLD MILLWORK, LLC



Principal Place of Business
**18851 NE 29TH AVENUE, STE 900
AVENTURA, FL 33180**

Mailing Address
**18851 NE 29TH AVENUE, STE 900
AVENTURA, FL 33180**

60040364



2. Principal Place of Business - No P.O. Box #
257 W 23 ST

3. Mailing Address
257 W 23 ST

Suite, Apt. #, etc.

05022008 Chg-LLC CR2E083 (12/06)

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33010

Country
USA

Zip
33010

Country
USA

4. FEI Number
26-1298222

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**ROTH, LEONARDO A ESQ.
ROTH, ROUSSO & KATSMAN, LLP
18851 NE 29TH AVENUE, STE 900
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent
Name
ZAKI MARDENI
Street Address (P.O. Box Number is Not Acceptable)
8390 SW 72 AVE APT 417
City
MIAMI FL Zip Code
33143

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]* **ZAKI MARDENI - PRESIDENT** **5-2-08**
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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARDENI, ZAKI 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARDENI, ZAKI 8390 SW 72 AVE # 417 MIAMI - FL - 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHAWAM, HABIB 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHAWAM HABIB 8390 SW 72 AVE # 417 MIAMI - FL - 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESNIC DE BRONSTEIN, MARIANNE 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESNIC DE BRONSTEIN MARIANNE 8390 SW 72 AVE # 417 MIAMI - FL - 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **ZAKI MARDENI** **5/2/08** **305-753-6188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #