FILED
Aug 01, 2008 8:00 am
Secretary of State
08-01-2008 90004 026 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000117261

1. Entity Name
GOLDFER, LLC.

50009022

Principal Place of Business	Mailing Address
4001 SW 52 AVE #101 HOLLYWOOD, FL 33023	4001 SW 52 AVE #101 HOLLYWOOD, FL 33023

07282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
X 6187 NW 167 ST	X 6187 NW 167 ST
Suite, Apt #, etc: H 15	Suite, Apt #, etc: H 15
City & State: MIAMI LAKES	City & State: MIAMI LAKES
Zip: 33015 Country: FL	Zip: 33015 Country: FL.

4. FEI Number: X 26 1459793 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, FERNANDO
4001 SW 52 AVE #101
HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent

Name: Sanchez FERNANDO
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SANCHEZ, FERNANDO 4001 SW 52 AVE #101 HOLLYWOOD, FL 33023 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR x Sanchez Fernando ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: X [signature] 07-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
200090222

Florida Department of State

Dear Florida Department of State

Please considerate the late fee. We never received the renewal form for the current year

Appreciate to much your consideration

Fernando Sanchez
Goldfer LLC