LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L07000125398

1. Entity Name
Golden Lion Mid Florida, LLC

FILED
08 JUL -9 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
700 S. Parrott Ave.	700 S. Parrott Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee FL	City & State: Okeechobee FL
Zip: 34974 County: Okee US	Zip: 34974 County: US

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE BK

7. Name and Address of Current Registered Agent

Name: Charles W. Hukriede
Street Address (P.O. Box Number is Not Acceptable): 5114 Wendy Lane
City: Sebring FL Zip Code: 33876

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State.
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Hukriede Charles W. 5114 Wendy Lane Sebring FL 33876
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	07/07/08--01004--023 **25.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200133206172 07/21/08--01004--019 **113.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E023 (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 7-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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TALLAHASSEE, FLORIDA

CHARLES W. HUKRIEDE
GOLDEN LION MID FLORIDA, LLC
700 S. Parrott Avenue
Okeechobee, FL 34974

July 8, 2008

VIA HAND-DELIVERY

State of Florida
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Golden Lion Mid Florida, LLC
Document #L07000125398

Dear Representative:

This letter confirms that I did not receive an Annual Report renewal notice from the Division of Corporations for 2008.

Sincerely yours,

Charles W. Hukriede
Golden Lion Mid Florida, LLC

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