

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000110852

Entity Name: GOLDCHEM LLC

FILED
Apr 10, 2010
Secretary of State

Current Principal Place of Business:

6881 KINGSPONTE PARKWAY
SUITE 11
ORLANDO, FL 32819

Current Mailing Address:

6881 KINGSPONTE PARKWAY
SUITE 11
ORLANDO, FL 32819

New Principal Place of Business:

230 W SR 436
MAGNUSON GRAND , SUITE 11
ALTAMONTE SPGE, FL 32714 US

New Mailing Address:

230 W SR 436
MAGNUSON GRAND , SUITE 11
ALTAMONTE SPGE, FL 32714 US

FEI Number: 27-1363685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOODA, NASH
6881 KINGSPONTE PARKWAY
SUITE 11
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

HOODA, NASH
230 W SR 436,
MAGNUSON GRAND , SUITE 11
ALTAMONTE SPGS, FL 32714 US

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: N HOODA

04/10/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HOODA, NAUSHIK
Address: 230 W SR 436, MAGNUSON GRAND , SUITE 11
City-St-Zip: ALTAMONTE SPGS, FL 32714 US

Title: MGRM
Name: HOODA, NEELA
Address: 230 W SR 436, MAGNUSON GRAND , SUITE 11
City-St-Zip: ALTAMONTE SPGS, FL 32714 US

Title: MGRM
Name: HOODA, ROHAN
Address: 230 W SR 436, MAGNUSON GRAND , SUITE 11
City-St-Zip: ALTAMONTE SPGS, FL 32819 US

Title: MGRM
Name: HOODA, MISHA
Address: 230 W SR 436, MAGNUSON GRAND , SUITE 11
City-St-Zip: ALTAMONTE SPGS, FL 32704 US

I hereby 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: N HOODA

MGRM

04/10/2010

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