

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003956

Entity Name: GOLD STYLE ONE LLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1700 WEST NEW HAVEN AVE  
SUITE 799  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

1700 WEST NEW HAVEN AVE  
SUITE 799  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: 27-1835579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALBARGHUTHI, IBRAHIM  
1700 WEST NEW HAVEN AVE  
SUITE 799  
WEST MELBOURNE, FL 32904 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  
Name: ALBARGHUTHI, IBRAHIM  
Address: 1700 WEST NEW HAVEN AVE #799  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: MGRM  
Name: IBRAHIM, ZAHER  
Address: 1700 WEST NEW HAVEN AVE #799  
City-St-Zip: WEST MELBOURNE, FL 32904

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: IBRAHIM N ALBARGHUTHI

MGRM

03/20/2012

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