# 11200096275

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EXAMINER

#### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

**GOLDEN ASSOCIATES GROUP, LLC** 

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

### GUILLERMO L. ARINEZ

Name of Person

GOLDEN ASSOCIATES GROUP, LLC

Firm/Company

10016 N.W. 43RD TERRACE

Address

MIAMI, FL 33178

City/State and Zip Code

GLARINEZ@thegaglic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

Area Code & Daytime Telephone Number

#### STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

#### **MAILING ADDRESS:**

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

#### Enclosed is a check for the following amount:

■ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: GOLDEN ASSOCIATES	GROUP, LLC	,		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 5731 N.W. 112TH AVENUE APT #116 MIAMI, FL 33178			
(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	5731 N.W. 112TH AVENUE APT #116 MIAMI, FL 33178			
JULY 2		L12000096275			
3. Da	ate of filing/registration in Florida	4. Document number			
5. (a	) Registered Agent and Registered Office shown on t	he records of the Florida De	ept. of	State:	
	Registered Agent:	GUILLERMO L. ARINEZ	重要		
			25	3	٠٠.
	Registered Office Address:	5731 N.W. 112TH AVENUE APT #116 MIAMI, FLORIDA 33178	cn <u>≥</u>	2	
			<u> </u>	<del></del> -	<u> </u>
			10 C	75	( )
(b	Enter name of NEW Registered Agent and/or NEV	V Registered Office addre	en (A)	<b>2</b>	\$
` .					
	NEW Registered Agent:	GUILLERMO L. ARINEZ	***	<u> </u>	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10016 N.W. 43RD TERRACE	<del>, , , , , , , , , , , , , , , , ,</del>	***********	
MCSI DE I EURIDA SIREEJ ADDRESSI		MtAMI	,FL 33178		
confinand the m	limited liability company is not organized under the I med that after the change or changes are made, the Fl ne business office of the registered agent will be ident ity company, it is hereby confirmed that the change(s) tembers of the limited liability company or as otherwise perating agreement of the limited liability company.	orida street address of the re ical. Or, in the case of a Flo was/were authorized by an	egistere rida lii affirma	ed office nited ative v	ote of
Signati	of a member or authorized representative of a member	_			
	RMO L. ARINEZ	_			
	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po fer 608, F.S. Or, if this document is being filed to me ass, I hereby confirm that the limited liability company	gree to act in this capacity. Sper and complete performa sition as registered agent as rely reflect a change in the s has been notified in writin	I furth ince of s provid register g of thi	er agr my du ded for red off s chan	ee to ties, in ice ge.
Signat	ure of Registered Agent				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00