2000	UNIFORM BUS	NESS REPO	RT (UBI	R)	1740-# 080800	
DOCUMENT # L9700000236						
GOLDEN PALMS ENTERPRISE, LLC				.	SECRETARY OF STATE DIVISION OF CORPORATIONS	
	· · · · · · · · · · · · · · · · · · ·		<del> </del>		00 SEP 20 AM 10: 02	
Principal Place of Business Mailing Address 4940 EAST BUSCH BLVD. 4940 EAST BUSCH BLVD.						
4940 EAST BUSCH BLVD.  TAMPA FL 33617  TAMPA FL 33617  TAMPA FL 33617						
Principal Place of Business     3. Mailing Address						
220 E. Madison st. 220 E. M			nadison	st		
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.	Apl. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Tampa, Fl		City & State Tampa 1 F1.			4. FEI Number 59-3434512 Applied For Not Applicable	
33602 Hillsbourgh 33602			Country کائالگا	بلر.	5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	······	7. Name and Address of New Registered Agent	
KURDI, TYSEER M			Street Address (P.O. Box Number is Not Acceptable)			
5414 RIVERHLLS DR. TEMPLE TERRACE FL 33617						
			City	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.						
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 \$50.00						
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9. TITLE	MANAGING MEMBE	RS/MANAGERS	10 ·	MG	- ADDITIONS/CHANGES ☑ Change ☐ Addition	
NAME . STREET ADDRESS	KURDI, TYSEER M	. Delete	NAME STREET ADDRESS	Kur	rdi, Tyscer M.	
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP	22	DE madison St. #530 MGR	
TITLE NAME		☐ Delete	TITLE NAME	Kur	Change Addition	
STREET ADDRESS	·		STREET ADDRESS CITY-ST-ZIP	220	1	
T.E.		☐ Delete	TITLE NAME	,	☐ Change ☐ Addition	
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UT <b>≜</b> € 1 NAME		☐ Delete	TITLE NAME		*******55.00 <b>***</b> ********************************	
STREET ADDRESS			STREET ADDRESS	ŧ .		
CITY_ST-ZIP		Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		. Ess.	
CITY-ST-ZIP		657.0 1	CITY-ST-ZIP	'	1	
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. K - TYSCO- M. Kurdi 818/00 313-899-1954						
SIGNATURE: TYSCE M. Kurdi 8/8/00 9/3-877-1954						