## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR**

Mailing Address

85 CURLEW ROAD

MANALAPAN FL 33462

## DOCUMENT # L9900001580

1. Entity Name

85 CURLEW ROAD

MANALAPAN FL 33462

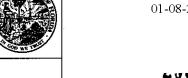
## GOLDEN CONSULTING LLC

Principal Place of Business



FILED Jan 08, 2003 8:00 am **Secretary of State** 

01-08-2003 90120 041 \*\*\*\*50 00



2. Principal Place of Business 3. Mailing Address 300 SEMINOLE ZOO SEMINOLE Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-09 15507 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AYMOND GOLDEN, RAYMOND L Street Address (P.O. Box Number is Not Acceptable **85 CURLEW ROAD** EMINOLE MANALAPAN FL 33462 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. I am familiar the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS MGRM MGRM Change ☐ Addition TITI F ☐ Detete TITLE GOLDEN, RAYMOND L. 300 SEMINOLE AVE GOLDEN, RAYMOND L NAME **85 CURLEW ROAD** STREET ADDRESS STREET ADDRESS PALM BEACH, FL. 33480 CITY-ST-ZIP CITY-ST-ZIP MANALAPAN FL 33462 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ---- Delete″ ·IIII F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.