

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-08-2003 90120 041 \*\*\*\*50.00

**DOCUMENT # L99000001580**

1. Entity Name  
**GOLDEN CONSULTING LLC**



Principal Place of Business

**85 CURLEW ROAD  
MANALAPAN FL 33462**

Mailing Address

**85 CURLEW ROAD  
MANALAPAN FL 33462**

2. Principal Place of Business

**300 SEMINOLE AVE**

3. Mailing Address

**300 SEMINOLE AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM BEACH, FL.**

City & State

**PALM BEACH, FL**

Zip

**33480**

Country

**U.S.**

Zip

**33480**

Country

**U.S.**

4. FEI Number **65-0915507**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GOLDEN, RAYMOND L  
85 CURLEW ROAD  
MANALAPAN FL 33462**

7. Name and Address of New Registered Agent

Name **GOLDEN, RAYMOND L.**

Street Address (P.O. Box Number is Not Acceptable)

**300 SEMINOLE AVE**

City

**PALM BEACH**

FL

Zip Code

**33480**

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 with, and accept 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)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **GOLDEN, RAYMOND L**  
STREET ADDRESS **85 CURLEW ROAD**  
CITY-ST-ZIP **MANALAPAN FL 33462**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **GOLDEN, RAYMOND L.**  
STREET ADDRESS **300 SEMINOLE AVE**  
CITY-ST-ZIP **PALM BEACH, FL. 33480**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: **Raymond L. Golden** **MGRM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/5/03** **561-832-6890**  
Date Daytime Phone #

CR2E063 (10/02)