2000 UNIFORM BUSINESS REPORT (UBR)

L99000005880 DOCUMENT # 1. Entity Name 00 APR -5 PM 1: 11 GOLD KEY CONSULTING, LLC SECRETARY OF STATE TALLIAHASSEE, FLORIDA Mailing Address Principal Place of Business 5566 SIESTA ESTATES COURT 5566 SIESTA ESTATES COURT SARASOTA FL 34242-1863 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOLLOD, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5566 SIESTA ESTATES COURT SARASOTA FL 34242 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, 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 Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. Addition MGR TITLE Change TITLE MOLLOD, MICHAEL RAME NAME 70000322432 **5566 SIESTA ESTATES COURT** STREET ADDRESS -04/26/00--01020 STREET ADDRESS C114-21-21P SARASOTA FL CITY-ST-ZIP ***<u>**</u>*<u>*</u> <u>****50.00</u> ☐ Delete TTILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ____ Addition Change_ TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-ST-71P Addition ☐ Delate TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY- 8T- ZIP ☐ Change Addition | ☐ Delete TITLE ÄAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-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 eath; 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:

SIGNATURE AND TYPED OF PRINTED NAME OF MANAGER

3/27/00

941-346-3709

APPROVED

Daytime Phone #