

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M00000000194

1. Entity Name  
GOLDEN VOICE TECHNOLOGY AND TRAINING, L.L.C.



Principal Place of Business  
4450 WEST EAU GALLIE BLVD., SUITE 250  
MELBOURNE, FL 32934

Mailing Address  
600 CENTRAL AVE SUITE 365  
HIGHLAND PARK, IL 60035



05032004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-4325055

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

NRAI SERVICES, INC  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

U00000157954  
05/07/04-80002-006 150.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
KENILWOOD MMARS CORP.  
600 CENTRAL AVENUE, SUITE 365  
HIGHLAND PARK, IL 60035

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SUSAN WAGNER

5/3/04

Daytime Phone #

847-432-3666