	•		
ľ	1		

					,					
DOCUMENT # M0000002037 1. Entity Name HORAN GOLDMAN COMPANIES, L.L.C.					FILED					
					ſ			-		
Principal Plac	ce of Business	Mailing Address					01 FE	B 20 A	IM 8: 2	0
9690 NW 413		9690 NW 41ST STREET			1		SECRE	TARY	OF STAT	l E
MIAMI FL 33178 MIAMI FL 33178						TALLA	IASSEE	FLOR	IDA	
						1				
2. Principal F	Place of Business	3. Mailing Address			· -	ł			<i>tiit iitii t</i> ala	
3 900 DU 7 944 AVE PO BOX 2 2-6770 Suite, Apt. #, etc. Suite, Apt. #, etc.			2	DO NOT WRITE IN THIS SPACE						
STET 21							DO NOT WHIT	IE IN 1115 5	PACE	
City & Stat	AMI FL	City & State	Ĝ	•	4	. FEI N	imber 57-1089763	}		plied For at Applicable
Zip 2 i	Country	Zp	Country	У _Л С	5	. Certifi	cate of Status Desired		5.00 Add	litional
<u> </u>	6. Name and Address of Current F	<u>33+22 -6770</u> Registered Agent	DA.	UC.	7.	. Name	and Address of New R		ee Require	<u></u>
				Name					3 0112	
	IY JR, HAROLD L / 41ST STREET		F	Street A	ddress (P.O.	. Box Nu	mber is Not Acceptable)		
MIAMI FL			F	·				· 		
=				City			······································	FL	Zip Code	
O The share		Also and a second at the secon	-1-3				. L. alb. in about 0 at Cla			
a. The above	e named entity submits this statement for	the purpose of changing its re	gistered	onice or	registerea a	agent, o	both, in the State of Flo	rida.		•
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: R	tegistered A	laent signet	ure required wher	o reinstatino	n)	DATE		
<u> </u>	Service of Printer and Constitution of Service of Servi							57.1.2		
		FILE NOV Make Check Paya				tate				
9. TITLE	MANAGING MEMBE	RS/MEMBERS Delete	10.		ed VIC	6 -	ADDITIONS/ PRES		☐ Change	Addition
NAME		□ Delete	NAME		MARA	5/ N /	GREGORY	JR		Lavadition
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADORESS	3900	NU	7944 AVE,	57E 72	4	
TITLE		☐ Delete	TITLE		Mir. Pres	77 []	1, 5, 3316		☐ Change	Addition
NAME		_ 50,410	NAME		STANL	EY F	USTILUIUC		_ ,	7
STREET ADDRESS CITY-ST-ZIP		* 	STREET CITY-S	ADURESS	99 NO	art	ford RD	155		
TITLE		☐ Delete	TITLE		TREA!	<u> </u>	_		☐ Change	Addition
NAME STREET ADDRESS			NAME	ADDRESS	mary	m.	FRANCO	F//1-		•
CITY-ST-ZIP			CITY-ST		485 D UNAN	NE	PARK Dr. ST PA 19083	2.73		
TITLE		☐ Delete	TITLE	-	<u> </u>	. ,			Change	☐ Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS						
CITY T-ZIP		, ·	CITY-S1				700003	768	887	9
TITLE".	7	☐ Delete	TITLE				-UZ/£0	7010 50 00	Change	Addition
STREET ADDRESS		,	NAME STREET	ADDRESS			$\mathcal{N}^{\mathcal{N}}}}}}}}}}$	0.0100	4	
CITY-ST-ZIP			CITY-ST	Γ-ZIP	<u> </u>		<u> </u>			
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS			NAME STREET	address						
CITY-ST-ZIP			CITY-ST	r-ZIP						
indicated	certify that the information supplied with t on this report is true and accurate and the	hat my signature shall have the	same le	egal effec	ct as if made	under o	oath; that I am a manag	further certifing member	fy that the in or manager	formation of the
limited lia	bility company of the receiver or trustee	empowered to execute this rep	ort as re	equired b	y Chapter 6	i08, Flori	da Statutes.	=	-	
SIGNAT	URE: SIGNATURE AND TYPED OR PRINTED MANUE OF	DO CHUM SIGNING MANAGING MEMBER, MANAG	ER, OR AU	THORIZED	REPRESENTATI	IVE	2/5/0 page	/ 6/0	<u>-688-3</u> rime Phone #	3444