

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90126 050 ****50.00

DOCUMENT # M01000002779

1. Entity Name

GOLDEN WEST HOLDINGS, LLC

954150

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4720 SALISBURY RD

3. Mailing Address

Suite, Apt. #, etc.

15

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3150905

Applied For

Not Applicable

Zip

Country

32256

DUVAL

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

WILLIAM G. WADMAN IV

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

4720 SALISBURY RD

SUITE 15

City

JACKSONVILLE

FL

Zip Code

32256

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

William G. Wadman IV

3/28/2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILLIAM G. WADMAN IV
4720 SALISBURY RD #15
JACKSONVILLE, FL 32256

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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:

William G. Wadman IV

3/28/2002

(904) 493-6148

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

Date

Daytime Phone #

CR2E083B (12/01)