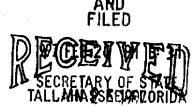
FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State



	199	1	TO THE	DIVISION OF	CONF	ONATIONS			4 C	JL V	
FILING		Annual Report \$10					TAL	CRETARY LAMA 256	uf stat Eighzor		
1. Name a	\$203.73 Wake Check rayable 10. PLONIDA DEPARTMENT OF STATE										
		E ARCHERY		NORTH AMERICAN CQ. 1a. Principal Place of Business Address							
	COMPA			ta. Philicipal Flace of business Address							
31	12 S.E.	17TH STRE	ET				B12 S.E. 17TH STREET				
SU	JITE 30	0		SUITE 300							
FC	ORT LAU	DERDALE FL	33316	FORT LAUDERDALE FL 33316							
If above m	nailing address is	incorrect in any way, line t	hrough Incorrec	·							
2. Principal Place of Business			2a. Mai	2a. Mailing Address				3. Date Organized or Qualified 3a. State of Formation			
								_D7/18/1995			
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				4. FEI Number Applied For			
City & State			City & S	tate			16-1472254 Not Applice			Not Applicable	
Zip		Country	Zip		Countr		5. Date of Last	Report	Certifica	ite of Status Desired	
ZΨ		Country	£16		Codini	•	05/01/19	06	sa 75 Anditi	onal Lee Regotied	
	7 N	and Address of Curre	nt Basistana	1 1 2 2 2 2	1		8. Name and Add		cistered &c	ant	
	7. Name	and Address of Curre	int Mediatelet	y Agent		Name	b. Name and Add	II CAS OI NOW NO	Aletaten võ	HEILI	
ALME	R, CHAR	TES L									
312 S.	.E. 171	H STREET				Street Address ((P.O. Box Number is Not Acceptable)				
SUTTE	300					·					
'ORT' I	GAUDERE	PALE FL 333	16			Sulte, Apt. W, etc.					
					City Zip Code			ſ			
							/ (! - \- (!)	FL		average of changing	
its register	red office or reg	sions of Sections 608.4 istered agent, or both, in accept the obligations.	the State of Flo	s, Florida Statute orida. Such chan	es, the ai ge was a	uthorized by affirm	a liability company a ative vote of a major	ity of the member	s. thereby ac	cept the appointment	
SIGNATU	RE							DATE			
(Registered Agent Accepting Appointmen				(NOTE Registered Agent signature required when reinstating							
10. Title	Managing Members/Managers				Business Street Address			City, State and Zip Code			
4GRM GOLDEN EAGLE/SATELLITE 1111 CORPORATE						RATE DRIV	7E	 Farming:	ron ny	,	
		·		1]	:		
IGRM PALMER, CHARLES L 312 SE 17TH ST						STREET,	SUITE	PORT LA	UD ERD A	ALE FL	
							70		നമുഷ	3570	
							10	-02/21		1076005 ****203.75	
						•		<i>कककक</i> €	05.15	#### <u></u> 2υ3.13	
•										Asoph	
										*Vt	
44 14666	مطفية الشمسيية مس	بمناهمين والمنافع وسيتمان والمافة	d with this liting	done not available	lariha av	amotion stated in S	action 110 07/3) (i)	Florida Statutes	Hurthercert	ilv that the information	

indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

\sim 1	\sim		TI	JR	_
-		uД		114	-
~		1			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #