

2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG 18 AM 10:23

FILING FEE Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000571**

GOLDEN ARMS SECURITY LLC
420 DOUGHTY BLVD.
INWOOD NY 11096

1a. Principal Place of Business Address

420 DOUGHTY BLVD.
INWOOD NY 11096

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

09/03/1997

NY

4. FEI Number

☐ Applied For

☐ Not Applicable

11-3384140

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

~~COO, DICK~~ Richard Cosby
1323 SOUTH 30TH AVENUE
HOLLYWOOD FL 33020

Name

RICHARD COSBY

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

1323 SOUTH 30TH AVENUE

Suite, Apt. #, etc.

HOLLYWOOD FLA

City

FLORIDA

FL

Zip Code

33020

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

Richard A. Cosby

DATE

8/17/98

10. Title Managing Members/Managers Business Street Address City, State and Zip Code

MEM	GOLDEN, ROBERT	91 CEDAR AVENUE	HEWLETT BAY PARK NY
MEM	HARPER, TIMOTHY	412 LINDEN STREET	BELLMORE NY

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****688.75 ****688.75

11. I do 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 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.

SIGNATURE:

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

Date

Daytime Phone #

7-20-98 516 239-3400