## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000011012

Entity Name: GOLDEN OAK DEVELOPMENT, LLC

**Current Principal Place of Business:** 

215 CELEBRATION PLACE SUITE 300

CELEBRATION, FL 34747

**Current Mailing Address:** 

500 S. BUENA VISTA STREET BURBANK, CA 91521 US

FEI Number: 27-0506308 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

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:

Electronic Signature of Registered Agent

Date

FILED Feb 26, 2025

**Secretary of State** 

2211571258CC

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

NameSOLOMON, AARON HNameJONES, CHRISTOPHER AAddress1170 CELEBRATION BLVDAddress1375 E BUENA VISTA DRIVECity-State-Zip:CELEBRATION FL 34747City-State-Zip:LAKE BUENA VISTA FL 32830

Title MANAGER Title MANAGER

Name GOMEZ, CARLOS A Name GAVAZZI, CHAKIRA H

Address 500 SOUTH BUENA VISTA ST Address 500 SOUTH BUENA VISTA ST

City-State-Zip: BURBANK CA 91521 City-State-Zip: BURBANK CA 91521

Title MANAGER Title MANAGER

Name SALAMA, MICHAEL Name PIERCE, PAGE P

Address 500 SOUTH BUENA VISTA STREET Address 215 CELEBRATION PLACE

City-State-Zip: BURBANK CA 91521 City-State-Zip: CELEBRATION FL 34747

Title MANAGER Title MANAGER

NameSTOWELL, JOHN ANameSTEED, SHANNA LAddress500 S BUENA VISTA STAddress640 PAULA AVE

City-State-Zip: BURBANK CA 91521 City-State-Zip: GLENDALE CA 91201

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAKIRA H. GAVAZZI MANAGER 02/26/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title MANAGER Title MANAGER

Name YOUNG, LEE R Name GROSSMAN, DANIEL F

Address 1170 CELEBRATION BLVD Address 500 S BUENA VISTA ST City-State-Zip: CELEBRATION FL 34747 City-State-Zip: BURBANK CA 91521