

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000012836

**Entity Name:** GOLDEN LIFE INSURANCE, LLC

**Current Principal Place of Business:**

4400 NW 79 AVE  
506  
DORAL, FL 33166

**Current Mailing Address:**

4400 NW 79 AVE  
506  
DORAL, FL 33166 US

**FEI Number:** 81-1213732

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ESPINOZA, FRANCISCO J  
4400 NW 79 AVE  
506  
DORAL, FL 33166 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	ESPINOZA, FRANCISCO J	Name	VARGAS, JOHANA
Address	4400 NW 79 AVE. # 506	Address	4400 NW 79 AVE. #506
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

*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:** FRANCISCO J ESPINOZA

**MGR**

**02/01/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date