

Texas Franchise Tax Public Information Report



Comptroller of Public Accounts FORM 05-102 (Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

■ **Tcode** 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

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Taxpayer name GOLDEN YORKSHIRE GROUP, L.L.C.			
Mailing address 1155 DAIRY ASHFORD RD STE 104			Secretary of State (SOS) file number or Comptroller file number 0702580822
City HOUSTON	State TX	ZIP Code 77079	Plus 4

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 1155 DAIRY ASHFORD RD, SUITE 104, HOUSTON, TX 77079
Principal place of business 1155 DAIRY ASHFORD RD, STE 104, HOUSTON, TX 77079

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



SECTION A Name, title and mailing address of each officer, director or manager.

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Name	Title	Director	Term expiration												
GOLDEN YORKSHIRE GROUP,	MANAGER/PRESIDENT	<input type="radio"/> YES	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>5</td> </tr> </table>	m	m	d	d	y	y	1	2	3	1	2	5
m	m	d	d	y	y										
1	2	3	1	2	5										
Mailing address 19419 KESSINGTON LN.	City HOUSTON	State TX	ZIP Code 77094												
KATHRYN A. MENDEL	MANAGER/VICE PRESIDENT	<input type="radio"/> YES	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>5</td> </tr> </table>	m	m	d	d	y	y	1	2	3	1	2	5
m	m	d	d	y	y										
1	2	3	1	2	5										
Mailing address 19419 KESSINGTON LN.	City HOUSTON	State TX	ZIP Code 77094												
Name	Title	Director	Term expiration												
		<input type="radio"/> YES	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	m	m	d	d	y	y						
m	m	d	d	y	y										
Mailing address	City	State	ZIP Code												

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

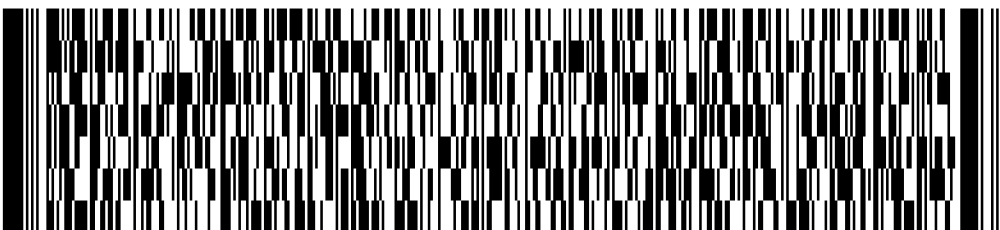
Registered agent and registered office currently on file. (see instructions if you need to make changes)			
Agent: STEPHEN A MENDEL	<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.		
Office: 1155 DAIRY ASHFORD, STE 104	City HOUSTON	State TX	ZIP Code 77079

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Ronald F Konicek	Title Electronic	Date 09-11-2023	Area code and phone number (281) 772 - 3164
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Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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