## **Texas Franchise Tax Public Information Report**

Comptroller 05-102 of Public Accounts FORM 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	■ Repo	rt year	You have c	_								
1 7 6 0 5 3 6 3 5 9 1	2 (	0 2	<b>0</b> to review, re					ave o	n file ab	out you.		
Taxpayer name GOLDEN YORKSHIRE GROUP, L	L.C.											
Mailing address 1155 DAIRY ASHFORD RD STE 1	 104					Secreta Compti				e numb	er or	
City HOUSTON State	TX ZIP Code 77079			Plus 4	0702580822							
Blacken circle if there are currently no changes from previous	s year; if no ir	nformatio	on is displayed, com	plete the a	oplicable ir	nformati	on in S	ectio	ns A, B a	nd C.		
Principal office 1155 DAIRY ASHFORD RD, SUITI	====== E 104, H0	OUST	ON, TX 77079	)								
Principal place of business 1155 DAIRY ASHFORD RD, STE												
Officer, director and manager inform Report is completed. The informatic report. There is no requirement or pofficers, directors, or managers chan SECTION A Name, title and mailing address of each officer.	on is update procedure fo age through	d annua or supple out the y	lly as part of the fra menting the inforr rear.	anchise tax	ion	<b></b>			••    • •  • 59120	:0:0: ::0:0 ::0		
Name	Title		<b>,</b>	Director	T		m	m		d y	у	
GOLDEN YORKSHIRE GROUP, LLC	Т Т	REAS	URER	○ YES	Terr expi	n iration	1	2	3	1 2	2	
Mailing address 19419 KESSINGTON LN.	City	Lity HOUSTON			State			ZIP Code <b>77094</b>				
Name	Title			Director	Terr	n	m	m		d y	у	
STEPHEN A MENDEL		PRESI	DEN I	YES	ехрі	ration	1	2		1 2	2	
Mailing address 1155 DAIRY ASHFORD, SUITE 104	City		HOUSTON	T 5: .	State	TX				7079		
STEPHEN A MENDEL	Title SECRE	ΓARY/	TREASURER	Director YES	Terr expi	n ration	1	2		d y 1 2	2	
Mailing address 1155 DAIRY ASHFORD, SUITE 104	City		HOUSTON		State	TX			ZIP Coc <b>7</b>	<sup>de</sup> 7079		
SECTION B Enter the information required for each corpor	ration or LL	C, if any	, in which this ent	tity owns a	ın interes	t of 10 p	ercer	nt or	more.			
Name of owned (subsidiary) corporation or limited liability com	of formation	Texa	s SOS file ı	number	, if any	Perc	entage	of owne	ership			
Name of owned (subsidiary) corporation or limited liability com	ipany	State	of formation	Texa	s SOS file ı	number	, if any	Perc	entage	of owne	ership	
SECTION C Enter the information required for each corpol liability company.	ration or LL	C, if any	, that owns an int	erest of 10	percent	or mor	e in th	nis er	tity or	imited		
Name of owned (parent) corporation or limited liability compar	ıy	State	of formation	Теха	s SOS file ı	number	, if any	Perc	entage	of owne	ership	
Registered agent and registered office currently on file. (see ins Agent: STEPHEN A MENDEL	tructions if y	ou need	to make changes)		cken circl e registere						nation.	
Office: 1155 DAIRY ASHFORD, STE 104			City <b>H</b> (	OUSTO	٧	Sta	te <b>T</b>	X	ZIP	<sup>Code</sup> 77079	9	
The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and C, if necessary. The information will be available for			mited liability compa	ny that files	a Texas Fra	nchise Ta	x Repo	ort. Us	e additio	nal sheet	s	
I declare that the information in this document and any attachments is t been mailed to each person named in this report who is an officer, direc	rue and corre	ct to the k										
gn re Ronald F Konicek		Title <b>Electronic</b>		Date <b>06-16-202</b>		Area code ar				nd phone number 772 - 3164		
	os Comot		Official Use Or	-								
					L	E/DE			R IND			
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