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		ertain rights ur							
1 7 6 0 5 3 6 3 5 9 1	2 (0 2	1 78 1	equest, and corre at (800) 252-138			e on file d	ıbout yo	ıu.		
Taxpayer name GOLDEN YORKSHIRE GROUP, L	L.C.										
Mailing address 1155 DAIRY ASHFORD RD STE 1	 104					ary of Sta			nber or		
City HOUSTON State	TX	ZIP Code 77079		Plus 4	Compt	Comptroller file number 0702580822					
Blacken circle if there are currently no changes from previous	s year; if no ii	nformatio	on is displayed, com	plete the applic	able informati	on in Sec	tions A, B	and C.			
Principal office 1155 DAIRY ASHFORD RD, SUITI		OUST	ON TY 77079		7						
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	ed annual or supple out the y	lly as part of the fra menting the infori rear.	anchise tax		176053	6359121		ı 11 88 1 11 81 1 88 1		
Name	Title	Tillanag		Director	T	m n			у у		
STEPHEN A MENDEL		DIREC	CTOR	YES	Term expiration	1 2	2 3	1 2	2 2		
Mailing address 19419 KESSINGTON LN.	City		HOUSTON	J	State ZIP Code TX 77094			1			
Name	Title			Director	Term	m n	n d		уу		
KATHRYN A MENDEL		DIREC	CTOR	YES	expiration	1 2		1 2	2 2		
Mailing address 19419 KESSINGTON LN.	City	l	HOUSTON	*	State TX	<u> </u>	ZIP Co	ode 7709 4	1		
STEPHEN A MENDEL	Title	PRESI	DENT	Director YES	Term expiration	m n	n d	d y	уу		
Mailing address 1155 DAIRY ASHFORD, SUITE 104	City		HOUSTON		State TX	ζ	ZIP Co	ode 77079	3		
SECTION B Enter the information required for each corpor	ration or LL	.C, if any	, in which this ent	tity owns an in	terest of 10 p	percent	or more				
me of owned (subsidiary) corporation or limited liability company State of formation Texas S					S file number	, if any P	ercentag	e of ow	nership		
Name of owned (subsidiary) corporation or limited liability com	ipany	oany State of formation			Texas SOS file number,			if any Percentage of ownership			
SECTION C Enter the information required for each corpor liability company.	ration or LL	.C, if any	, that owns an int	erest of 10 pe	rcent or mor	e in this	entity o	r limite	d		
Name of owned (parent) corporation or limited liability compar	ıy	State	of formation	Texas SO	S file number	, if any P	ercentag	e of ow	nership		
Registered agent and registered office currently on file. (see instructions if you need to make changes) Agent: STEPHEN A MENDEL Blacken circle if you need forms to change the registered agent or registered office informati								rmation.			
Office: 1155 DAIRY ASHFORD, STE 104			City H (OUSTON	Sta	te TX	ZIF	770	79		
The above information is required by Section 171.203 of the Tax Code fo for Sections A, B, and C, if necessary. The information will be available for			mited liability compa	any that files a Tex	as Franchise Ta	x Report.	Use addit	ional she	ets		
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, direct	rue and corre	ct to the k							1		
sign here Ronald F Konicek		Fitle Electronic		Date 09-11		Area code and phone no			umber		
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	is Compt	::::::::::::::::::::::::::::::::::::::	Official Use On		VE/DE		PIR INC	L			