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

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■ Taxpayer number	■ Rep	ort year	You have	certain riahts	under Ch	apter 552 and 55	50 Governm	ant Cada
1 7 6 0 5 3 6 3 5 9 1	2	0 2 3	to review, i	request, and coi at (800) 252-13	rrect info	rmation we have	on file abou	ent Coae, It you.
GOLDEN YORKSHIRE GROUP,	L.L.C.					2, 103 1000.		
Mailing address 1155 DAIRY ASHFORD RD STE					9	Secretary of Stat	e (SOS) file r	number or
City	TOTAL TOTAL PROPERTY.	ZIP	C <u>ode</u>	Plus 4		Comptroller file	number	
HOUSTON States	TX		77079				2580822	
Blacken circle if there are currently no changes from previous Principal office	us year; if no	information is c	isplayed, cor	nplete the appli	icable inf	ormation in Secti	ons A, B and	C.
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1155 DAIRY ASHFORD RD, STE								
Officer, director and manager information report. There is no requirement or officers, directors, or managers characteristics.	on is update procedure fo nge through	ed annually as or supplement nout the year.	part of the fu					
SECTION A Name, title and mailing address of each office Name	r, director o	or manager.		I Diverse		1760536		1881 1111 88811 81811
GOLDEN YORKSHIRE GROUP,		GER/PRE	CIDENT	Director	Term	m m	T	у у
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19419 KESSINGTON LN.	City	HOU	STON		State	TX	ZIP Code 770	94
KATHRRYN A. MENDEL	Title			Director	Term	m m	d d	у у
Mailing address		R/VICE PI	RESIDEN	YES	expira	1 2	3 1	2 5
19419 KESSINGTON LN.	City	HOU	STON	F	State	TX	ZIP Code 770	94
	Title			Director	Term	m m	d d	у у
Mailing address				YES	expira	tion		
	City				State		ZIP Code	
SECTION B Enter the information required for each corpor	ation or LL	C, if any, in wh	ich this ent	ity owns an in	terest o	f 10 percent or	more.	
Name of owned (subsidiary) corporation or limited liability com		State of form	ation	Texas SO	S file nu	mber, if any Per	centage of c	wnership
Name of owned (subsidiary) corporation or limited liability com	pany	State of form	ation	Texas SO	S file nu	mber, if any Pero	entage of o	wnership
SECTION C Enter the information required for each corpor liability company.		C, if any, that o	wns an inte	erest of 10 pe	rcent or	more in this er	ntity or limit	ted
Name of owned (parent) corporation or limited liability compan	у	State of form	ation	Texas SO:	S file nur	mber, if any Perd	entage of o	wnership
Registered agent and registered office currently on file. (see inst Agent: STEPHEN A MENDEL	ructions if yo	ou need to make	changes)	Blacker the reg	n circle if	you need forms agent or register	to change	ormation
Office: 1155 DAIRY ASHFORD, STE 104		City	НС	USTON		State TX	ZIP Code	
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	each corpora	tion or limited lia	bility compar	y that files a Tex	as Franch		additional sh	neets
I declare that the information in this document and any attachments is tru	ue and correct	t to the hest of m	y knowledge	and belief, as of t	the date b	pelow, and that a c	opy of this re	port has
to each person named in this report who is an officer, director	or or manager Title	and who is not	urrently emp	loyed by this, or a	a related,	corporation or lim	ited liability c and phone r	ompany.
sign here Ronald F Konicek		Electro		09-11-	2023	(281)	772 - 31	64
Texas	s Comptr	oller Officia	al Use On	ly				
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Taxpayer name THE MENDEL LAW FIRM, L.P.				Contact us	at (800) 252-13	381or (512) 46	3-4600.					
Mailing address 1155 DAIRY ASHFORD RD STE	404	***************************************				Secre	etary of St	ate (SOS) file nu	mber or		
City HOUSTON State			ZIP (ode 77079	Comptroller file number							
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1155 DAIRY ASHFORD RD, SUIT												
Please sign below! Officer, director and manager inform Report is completed. The information report. There is no requirement or pofficers, directors, or managers characteristics.	on is update procedure fo ige through	d annual or supple out the y	ly as p mentii ear.	art of the fr	anchico tax							
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19419 KESSINGTON LN.	Title		HOU	STON	I D:t	State T.	ZIPC	ZIP Code 77094				
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Office: 1155 DAIRY ASHFORD, SUITE 104			City	НО	State TX			ZIP Code 77079				
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 productions of the control of the c	each corporat	ion or limi	ited lial	oility compan	y that files a Texa	as Franchise Ta	ıx Report. U	se additi	onal shee	ets		
I declare that the information in this document and any attachments is tru	e and correct	to the hea	st of my	/ knowledge a	and belief, as of t	he date below	, and that a	copy of	his repo	rt has		
been mailed to each person named in this report who is an officer, directors	Title		s not c		ate		Area code					
here Ronald F Konicek		Elec	tron	ic	11-15-	2023		772				
Texas	Comptro	oller Of	ficia	l Use Onl	y							
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■ Taxpayer number	■ Re	eport y	ear		You have	certain rights	under Ch	antar 552 au	nd 550 C	21/08/2020	C.	
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Taxpayer name THE MENDEL LAW FIRM, L.F	<u></u>	<u></u>			Contact us	at (800) 252-13	381or (512	2) 463-4600				
Mailing address 1155 DAIRY ASHFORD RD S								ecretary of			umb	er or
City HOUSTON State			-	ZIP C	ode 77079	Plus 4	C	omptroller				
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Please sign below! Officer, director and manager in Report is completed. The information report. There is no requirement officers, directors, or managers	mation is upda	ated ar	nnually	y as p	art of the fr	anchico tay						
SECTION A Name, title and mailing address of each of Name		r or m	anage	er.			1 180180 11118 1,,	320	35934689		8118 1186	1 1/81 188
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Name	Title					Director	Term	m	m d	d	у	у
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SECTION B Enter the information required for each co	rporation or l	LLC, if	any, ir	n whi	ch this ent	ity owns an in	iterest of	10 percer	it or mo	re.		
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Office: 1155 DAIRY ASHFORD, SUITE 104				City	НО	USTON	***************************************	State T>	(Z	IP Code 77 (79	
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declare that the information in this document and any attachments	is true and corr	ect to t	he best	t of my	/ knowledge	and belief, as of	the date b	elow, and th	at a copy o	of this rer	ort ha	35
peen mailed to each person named in this report who is an officer, d	rector or manag	ger and itle	who is	not c	urrently emp	loyed by this, or Date	a related, o	corporation o	or limited l	iability co	ompar	ny.
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