

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054631

Entity Name: GOLF VILLAGE MANAGEMENT, LLC

Current Principal Place of Business:

8215 BLAIKE CT
113
SARASOTA, FL 34240

Current Mailing Address:

8215 BLAIKE CT
113
SARASOTA, FL 34240 US

FEI Number: 20-2947210

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEVALD, YARON
8215 BLAIKE CT
SARASOTA, FL 34240 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 MGRM
Name DEVALD, YARON
Address 8215 BLAIKE CT
City-State-Zip: SARASOTA FL 34240

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: DEVALD , YARON

MGRM

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date