

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000114501

**Entity Name:** WEST FLORIDA GOLF TOUR LLC

**Current Principal Place of Business:**

6789 PASEO CASTILLE  
SARASOTA, FL 34238

**Current Mailing Address:**

6789 PASEO CASTILLE  
SARASOTA, FL 34238 US

**FEI Number:** 27-1408568

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WAKELY, CARL  
6789 PASEO CASTILLE  
SARASOTA, FL 34238 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 WAKELY, CARL E  
Address 750 N. TAMIAMI TRAIL, UNIT 419  
City-State-Zip: SARASOTA FL 34236

*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:** CARL WAKELY

MGRM

01/08/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date