

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000036599

Entity Name: GOLF INSTITUTE, "LLC."

Current Principal Place of Business:

209 S. HWY. 441
THE VILLAGES, FL 32159

Current Mailing Address:

209 S. HWY. 441
THE VILLAGES, FL 32159

FEI Number: 27-2269466

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORD, JOHN
209 S. HWY 441
LADY LAKE, FL 32159 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 JOHN, FORD S
Address PO BOX 937
City-State-Zip: FRUITLAND PARK FL 34731

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: JOHN FORD

PRESIDENT

04/30/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date