

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000037747

**Entity Name:** JAMIE FRITH GOLF LLC

**Current Principal Place of Business:**

1445 N, CONGRESS AVE.  
#5  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1445 N, CONGRESS AVE.  
#5  
DELRAY BEACH, FL 33445

**FEI Number:** 80-0796122

**Certificate of Status Desired:** No

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

FRITH, JAMIE  
1445 N. CONGRESS AVE.  
#5  
DELRAY BEACH, FL 33445 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 FRITH, JAMIE  
Address 1445 N. CONGRESS AVE. #5  
City-State-Zip: DELRAY BEACH FL 33445

Title MANAGING MEMBER  
Name FRITH, ANN M  
Address 1445 N, CONGRESS AVE.  
#5  
City-State-Zip: DELRAY BEACH FL 33445

Title MANAGING MEMBER  
Name FRITH, MATTHEW J  
Address 1445 N, CONGRESS AVE.  
#5  
City-State-Zip: DELRAY BEACH FL 33445

*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:** JAMIE FRITH

MGRM

04/05/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date