

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000166939

**Entity Name:** GOLFLPAK LLC

**Current Principal Place of Business:**

2997 KENSINGTON TRACE  
TARPON SPRINGS, FL 34688

**Current Mailing Address:**

2997 KENSINGTON TRACE  
TARPON SPRINGS, FL 34688 US

**FEI Number:** 47-5285448

**Certificate of Status Desired:** Yes

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

SCHULMAN, PAUL A SR.  
2997 KENSINGTON TRACE  
TARPON SPRINGS, FL 34688 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:** PAUL A SCHULMAN

01/23/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SCHULMAN, PAUL A SR.  
Address 2997 KENSINGTON TRACE  
City-State-Zip: TARPON SPRINGS FL 34688

Title AMBR  
Name ROSEN, ADAM  
Address 517 NORTH MAYO, PO BOX 1039  
City-State-Zip: CRYSTAL BEACH FL 34681

Title AMBR  
Name GROSS, KEN  
Address 585 STEWART AVENUE  
City-State-Zip: GARDEN CITY NY 11530

*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:** PAUL A SCHULMAN SR

AMBR

01/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date