2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT
--

DOCUMENT# L16000194668

Entity Name: REGAL GOLF CARS, LLC

Current Principal Place of Business:

14600 BISCAYNE BOULEVARD NORTH MIAMI BEACH, FL 33181

Current Mailing Address:

14600 BISCAYNE BOULEVARD NORTH MIAMI BEACH, FL 33181 US

FEI Number: 81-4295963

Name and Address of Current Registered Agent:

ALEXANDER, ORLY 14600 BISCAYNE BOULEVARD NORTH MIAMI BEACH, FL 33181 US

Date

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	AMBR	Title	MGR
Name	NEUMAN, GIL	Name	NEUMAN, GIL
Address	14600 BISCAYNE BOULEVARD	Address	14600 BISCAYNE BOULEVARD
City-State-Zip:	NORTH MIAMI BEACH FL 33181	City-State-Zip:	NORTH MIAMI BEACH FL 33181
Title	AMBR	Title	MGR
Name	AKSELMAN, JACOB	Name	AKSELMAN, JACOB
Address	14600 BISCAYNE BOULEVARD	Address	14600 BISCAYNE BOULEVARD
City-State-Zip:	NORTH MIAMI BEACH FL 33181	City-State-Zip:	NORTH MIAMI BEACH FL 33181
Title	AMBR	Title	MGR
Title Name	AMBR AKSELMAN, AMIR	Title Name	MGR AKSELMAN, AMIR
			-
Name	AKSELMAN, AMIR	Name	AKSELMAN, AMIR
Name Address	AKSELMAN, AMIR 14600 BISCAYNE BOULEVARD	Name Address	AKSELMAN, AMIR 14600 BISCAYNE BOULEVARD
Name Address City-State-Zip:	AKSELMAN, AMIR 14600 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33181	Name Address City-State-Zip:	AKSELMAN, AMIR 14600 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33181
Name Address City-State-Zip: Title	AKSELMAN, AMIR 14600 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33181 MGR	Name Address City-State-Zip: Title	AKSELMAN, AMIR 14600 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33181 AMBR
Name Address City-State-Zip: Title Name	AKSELMAN, AMIR 14600 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33181 MGR ALEXANDER, ORLY	Name Address City-State-Zip: Title Name	AKSELMAN, AMIR 14600 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33181 AMBR ALEXANDER, ORLY

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: GIL NEUMAN

MGR

01/17/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date