

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000109469

Entity Name: GOLFHITS, LLC**Current Principal Place of Business:**9121 CHERRY HILL COURT
FORT MYERS, FL 33908**Current Mailing Address:**15880 SUMMERLIN RD
#300 PMB 246
FORT MYERS, FL 33908 US**FEI Number:** 26-3750748**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEIN, CHRISTINA
875 94TH AVENUE NORTH
NAPLE, FL 34108 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	MGR
Name	BENGSTON, JEREMY
Address	1658 MILWAUKEE AVE, 100-7694
City-State-Zip:	CHICAGO IL 60647

Title	MGR
Name	SAMPSON, DAVID
Address	9121 CHERRY HILL COURT
City-State-Zip:	FORT MYERS FL 33908

Title	MGR
Name	STEIN, JOSEPH
Address	59 MENTOR DRIVE
City-State-Zip:	NAPLE FL 34110

Title	MGR
Name	CHAPP, JEROME
Address	16451 MILLSTONE CIRCLE, 301
City-State-Zip:	FORT MYERS FL 33908

Title	MGR
Name	SKOVIERA, AARON
Address	7873 TUSCANY WOODS DRIVE
City-State-Zip:	TAMPA FL 33647

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: DAVID SAMPSON**CONTROLLER****03/18/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date