

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000131837

Entity Name: AMY CARVER GOLF PROFESSIONAL, LLC**Current Principal Place of Business:**THE ST. ANDREWS CLUB
4475 N. OCEAN BLVD
DELRAY BEACH, FL 33483**Current Mailing Address:**THE ST. ANDREWS CLUB
4475 N. OCEAN BLVD
DELRAY BEACH, FL 33483 US**FEI Number:** 82-1612681**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARVER, AMY
4475 N. OCEAN BLVD.
DELRAY BEACH, FL 33483 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 CARVER, AMY
Address 4475 N. OCEAN BLVD.
City-State-Zip: DELRAY BEACH FL 33483Title MGR
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Address 4475 N. OCEAN BLVD.
City-State-Zip: DELRAY BEACH FL 33483Title MGR
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City-State-Zip: DELRAY BEACH FL 33483Title MGR
Name CARVER, AMY
Address 4475 N. OCEAN BLVD
City-State-Zip: DELRAY BEACH FL 33583

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: AMY CARVERHEAD GOLF
PROFESSIONAL

02/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date