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.

AMGR

SIGNATURE: JEFF R SYMMONDS

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 945 BLUEWATER DRIVE INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

945 BLUEWATER DRIVE INDIAN HARBOUR BEACH. FL 32937

FEI Number: 47-1868911

Name and Address of Current Registered Agent:

SYMMONDS, JEFF 945 BLUEWATER DRIVE INDIAN HARBOUR BEACH, FL 32937 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

Authorized Person(s) Detail :

Title	AMGR	Title	AMBR
Name	SYMMONDS, JEFF	Name	SYMMONDS, LINDA
Address	945 BLUEWATER DRIVE	Address	945 BLUEWATER DRIVE
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937	City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000092495

Entity Name: JEFF SYMMONDS GOLF SCHOOLS LLC

Certificate of Status Desired: No

06/26/2020

Date

FILED Jun 26, 2020 Secretary of State 6911704805CC

Date