

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000382711

**Entity Name:** IRISH GOLF CLASSIC LLC

**Current Principal Place of Business:**

2609 NW 3RD AVE.  
WILTON MANORS, FL 33311

**Current Mailing Address:**

2609 NW 3RD AVE.  
WILTON MANORS, FL 33311

**FEI Number:** 93-2954173

**Certificate of Status Desired:** No

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

BOLGER, KYLE M  
2609 NW 3RD AVE.  
WILTON MANORS, FL 33311 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                    | Title           | AP                     |
| Name            | BOLGER, KYLE M         | Name            | BOLGER, ROBIN M        |
| Address         | 2609 NW 3RD AVE        | Address         | 2609 NW 3RD AVE        |
| City-State-Zip: | WILTON MANORS FL 33311 | City-State-Zip: | WILTON MANORS FL 33311 |

*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:** KYLE BOLGER

MGR

04/17/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date