

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L92000000060

**Entity Name:** GOLF PARK, L.C.**Current Principal Place of Business:**150 S.E. 2ND AVENUE  
SUITE 1002  
MIAMI, FL 33131**Current Mailing Address:**150 S.E. 2ND AVENUE  
SUITE 1002  
MIAMI, FL 33131 US**FEI Number:** 65-0396935**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**INTERNATIONAL CENTER  
150 SE 2ND AVENUE  
SUITE 1002  
MIAMI, FL 33131 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 MGRM  
Name CANADEx CORPORATION  
Address 2121 N.E. 40TH AVENUE  
City-State-Zip: OCALA FL 34470

Title MGRM  
Name SECUREX INTERNATIONAL CORPORATION  
Address 1602 ALTON ROAD SUITE 100  
City-State-Zip: MIAMI BEACH FL 33139

Title MGRM  
Name INTERNATIONAL CENTER  
Address 150 SE 2ND AVENUE #1002  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name INTER LEASING INC.  
Address 1712 PIONEER AVENUE 101  
City-State-Zip: CHEYENNE WY 82001

Title MGRM  
Name EUROPEAN INVESTMENTS, INC.  
Address 444 BRICKELL AVENUE SUITE 51-246  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name INTER CONTAX CORP  
Address 444 BRICKELL AVENUE SUITE 51-246  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name GOLF PARK EQUITIES  
Address 1712 PIONEER AVENUE 101  
City-State-Zip: CHEYENNE WY 82001

*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:** A. NUH

VP

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date