

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000000913

**Entity Name:** GOLF DATATECH, L.L.C.

**Current Principal Place of Business:**

1118 MASSACHUSETTS AVE  
#2  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

1118 MASSACHUSETTS AVE  
#2  
SAINT CLOUD, FL 34769 US

**FEI Number:** 59-3379760

**Certificate of Status Desired:** No

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

STINE, THOMAS L  
4702 SE CHEERIO WAY  
STUART, FL 34997 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 STINE, THOMAS L  
Address 4702 SE CHEERIO WAY  
City-State-Zip: STUART FL 34997

Title MGRM  
Name OVERMEYER, DAVID  
Address 6 PINWOOD WAY  
City-State-Zip: MATTAPOISETT MA 02739

Title MGRM  
Name KRZYNOWEK, JOHN  
Address 185 LANCASTER CT  
City-State-Zip: LAKE BLUFF IL 60044

Title AUTHORIZED REPRESENTATIVE  
Name WARREN, PAM  
Address 1118 MASSACHUSETTS AVE  
#2  
City-State-Zip: SAINT CLOUD FL 34769

*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:** THOMAS L STINE

MGRM

03/29/2016

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

\_\_\_\_\_ Date