

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002037

Entity Name: RIVERWOOD GOLF CLUB, LLC**Current Principal Place of Business:**3350 PEACHTREE ROAD NE
SUITE 150
ATLANTA, GA 30326**Current Mailing Address:**3350 PEACHTREE ROAD NE
SUITE 150
ATLANTA, GA 30326 US**FEI Number:** 27-0263959**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:** MICHELE L. ABBOTT

05/01/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	MCCORMICK, RICHARD
Address	24311 WALDEN CENTER DRIVE SUITE 300
City-State-Zip:	BONITA SPRINGS FL 34134
Title	VICE PRESIDENT AND TREASURER
Name	LANGEN, D BRYCE
Address	3350 PEACHTREE ROAD NE SUITE 150
City-State-Zip:	ATLANTA GA 30326

Title	MANAGER
Name	SCHUTT, ANTHONY L.
Address	24311 WALDEN CENTER DRIVE SUITE 300
City-State-Zip:	BONITA SPRINGS FL 34134
Title	VP
Name	HILL, KIMBERLY M
Address	3350 PEACHTREE ROAD NE SUITE 150
City-State-Zip:	ATLANTA GA 30326

Title	MANAGER
Name	SHELDON, TODD N.
Address	3350 PEACHTREE ROAD NE SUITE 150
City-State-Zip:	ATLANTA GA 30326

Title	SECRETARY
Name	MATUREN, ELLEN PADESKY
Address	3350 PEACHTREE ROAD NE SUITE 150
City-State-Zip:	ATLANTA GA 30326

Title	ASSISTANT SECRETARY
Name	VOILES, CHANDLER
Address	3350 PEACHTREE ROAD NE SUITE 150
City-State-Zip:	ATLANTA GA 30326

Title	VICE PRESIDENT AND ASSISTANT SECRETARY
Name	CLEMENTS, SCOTT
Address	3350 PEACHTREE ROAD NE SUITE 150
City-State-Zip:	ATLANTA GA 30326

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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: KELLYMARIE M. CONLON**ASSISTANT SECRETARY** 05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT SECRETARY
Name CONLON, KELLYMARIE M
Address 3350 PEACHTREE ROAD NE
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASST. SECRETARY
Name IRWIN, ROSS
Address 3350 PEACHTREE ROAD NE
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT SECRETARY
Name FRATTER, ERIC S
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASST. SECRETARY
Name RIVES, GREGORY S.
Address 3350 PEACHTREE ROAD NE
SUITE 150
City-State-Zip: ATLANTA GA 30326