

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Aug 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000015487

1. Entity Name
PLAYMOREGOLFGAMES MARKETING, LLC



Principal Place of Business
**2290 BLACK JACK OAK ST.
OCOE, FL 34761**

Mailing Address
**2290 BLACK JACK OAK ST.
OCOE, FL 34761**



08222005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEJ Number
59-3739736

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHERMAN, LES
2290 BLACK JACK OAK ST.
OCOE, FL 34761**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHERMAN, LES
2290 BLACK JACK OAK ST.
OCOE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TOMOOKA, BRIAN
2290 BLACK JACK OAK ST.
OCOE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000376960
08/24/05-80001-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/19/05 407 252 8975

Date

Daytime Phone #