LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2003 8:00 am
Secretary of State
09-16-2003 90001 005 ****50.00

DOCUMENT # L02000028854

1. Entity Name
ASK GOLF, LLC

DO NOT WRITE IN THIS SPACE

90157161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6537 BURNHAM CIR.	BOX 1424
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PONTE VEDRA BEACH	PVB.
Zip 32082 Country ST JOHNS	Zip 32004 Country ST JOHNS

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired: ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kathlene Bissell

Street Address (P.O. Box Number is Not Acceptable): 6537 Burnham Circle

City: Ponte Vedra Beach FL Zip Code: 32082

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: Kathlene Bissell 9/18/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER / MEMBER AMANDA PALMER 222 14TH AVE N CONDO 111 JACKSONVILLE BEACH FL. 32250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kathlene Bissell Mgr/Member 6537 Burnham Cir. BOX 1424 Ponte Vedra Beach FL. 32004
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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: Kathlene Bissell 9/18/03 5042738078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #