

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90374 001 ****50.00

DOCUMENT # L03000042265

1. Entity Name
BLOOMINGDALE GOLF LLC



Principal Place of Business
**10688-C CRESTWOOD DRIVE
MANASSAS, VA 20109**

Mailing Address
**10688-C CRESTWOOD DRIVE
MANASSAS, VA 20109**

60043200



04182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0625224

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STAPLES, CHARLES K
18086 SE VILLAGE CIRCLE
TEQUESTA, FL 33469**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SMITH, KIMBERLY R
8117 WILLINGBORO COURT
GAINESVILLE, VA 20155**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
STAPLES, WALTER W
18086 SE VILLAGE CIR
TEQUESTA, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MIRAGLIA, MICHAEL L
9315 NW 48 DORAL TERR
MIAMI, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

5/4/07
Date

703-367-7237
Daytime Phone #