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2007 APR -3 PM 2: 20 SECRETARY OF STATE

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February 20, 2007

AZINGER GOLF GROUP, LLC 7280 N. LEEWYNN DR SARASOTA, FL 34240

SUBJECT: AZINGER GOLF GROUP, LLC

Ref. Number: L04000030345

We have received your document for AZINGER GOLF GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 707A00012401



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2007

AZINGER GOLF GROUP, LLC 7280 N. LEEWYNN DR SARASOTA, FL 34240

SUBJECT: AZINGER GOLF GROUP, LLC

Ref. Number: L04000030345

We have received your document for AZINGER GOLF GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 507A00017261

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AZINGER G (Name of Limited)	COLF GROUP, LLC Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
P. KEITH POPE (Name of Person)		
AZINGER GOLF 6. (Firm/Company)	ROUP, LLC	
7280 D. LEEWYNN (Address)	DR.	
SARASOTA FL 39 (City/State and Zip Code)	4240	
For further information concerning this matter, pleas	se call:	
P. KEITH POPE at (9	141 737. 9124 (cell)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 ARE TAR APR -3 PH -3 PH -2: PRICE TAR APR -3 PH -3 PH -3 PH -3 PH -3 PH -2: PRICE TAR APR -3 PH -3	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed is a check for the following amou	ınt:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the State of Fibrial.	•
1. The name of the limited liability company	y is: <u>AZINGER GOLF GROUP, L.C.</u> y company is : <u>7280 N. LEEWYNN</u>
2. The mailing address of the limited liabilit	y company is : 7280 N. LEEWYNN .
SARASOTA, FL	34240
4.20.04	L04000030345
3. Date of filing/registration in Florida	4. Document number
Clarida Danantmant of State.	egistered office address as shown on the records of the Office Address as shown on the records of the Name Andrew Ave. W. Address Typ, State and Zip
6. The name and address of the new registers **DILLAM** **JO23 M & Florida street address**	The state of the s
confirmed that after the change or changes as and the business office of the registered ager liability company, it is hereby confirmed that of the members of the limited liability comporting beginning agreement of the limited liability comporting beginning agreement of the limited liability comporting beginning agreement of the limited liability (Signature of a member or authorized representative of a member of signee)	zed under the laws of the State of Florida, it is hereby re made, the Florida street address of the registered office at will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote any or as otherwise provided in the articles of organization polity company. The definition of the proper and complete performance of my duties, tions of my position as registered agent as provided for in this filed to merely reflect a change in the registered office bility company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)