

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000030573

1. Entity Name
FOURTH TEE, LLC



Principal Place of Business
5201 GULF DRIVE
HOLMES BEACH, FL 34217 US

Mailing Address
5201 GULF DRIVE
HOLMES BEACH, FL 34217 US



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1031409	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, WILLIAM F IV
5201 GULF DRIVE
HOLMES BEACH, FL 34217

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000824460
02/20/08-80080-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALEXANDER, WILLIAM F IV
STREET ADDRESS	5201 GULF DRIVE
CITY-ST-ZIP	HOLMES BEACH, FL 34217

TITLE	MGR
NAME	TALBERT, QUENTIN C
STREET ADDRESS	5201 GULF DRIVE
CITY-ST-ZIP	HOLMES BEACH, FL 34217

TITLE	MGR
NAME	VANDEVREDE, DAVID
STREET ADDRESS	5201 GULF DRIVE
CITY-ST-ZIP	HOLMES BEACH, FL 34217

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

Date

Daytime Phone #

2-2-08 941-778-4800