

L040000042848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

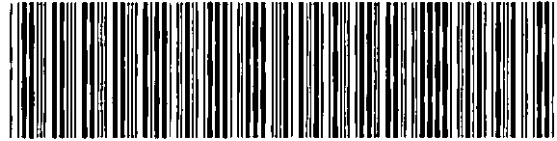
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/10/2011--01911--016 **25.00

2022 OCT 10 PM 7:23

VW

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tournament Players Club of Naples, LLC

DOCUMENT NUMBER: L04000042848

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorrie Todd

(Name of Contact Person)

PGA TOUR, Inc.

(Firm/Company)

1 PGA TOUR Blvd.

(Address)

Ponte Vedra Beach, FL 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

Lorrie Todd

(Name of Contact Person)

at (904) 280-2472

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status & Certified
Copy (Additional copy
is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Tournament Players Club of Naples, LLC

Document number of Limited Liability Company is: L04000042848

Date of dissolution was: July 24, 2023

Description of information that must be included in a written claim:

Name, contact information and a detailed description of the nature of the claim, including alleged amount owed.

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Tournament Players Club of Naples, LLC

Attn: Legal

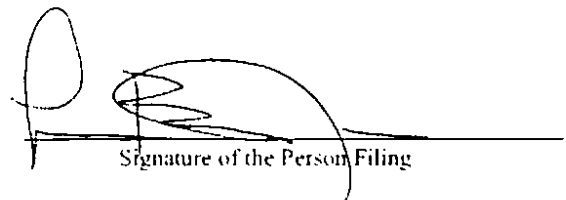
1 PGA TOUR Blvd.

Ponte Vedra Beach, FL 32082

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Leonard D. Brown, Jr.

Printed Name of the Person Filing


Signature of the Person Filing