

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90069 015 ***138.75

DOCUMENT # L04000043681

1. Entity Name
GUERIN RIFE PUTTERS, LLC



Principal Place of Business
**105 COMMERCE WAY
SANFORD, FL 32771**

Mailing Address
**105 COMMERCE WAY
SANFORD, FL 32771**

60004162



2. Principal Place of Business - No P.O. Box #
1250 Central Park Dr.
Suite, Apt. #, etc.

3. Mailing Address
1250 Central Park Dr.
Suite, Apt. #, etc.

01162008 Chg-LLC CR2E083 (12/06)

City & State
Sanford, FL
Zip
32771
Country
USA

City & State
Sanford, FL
Zip
32771
Country
USA

4. FEI Number
20-1219094

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARFIELD, JAMES
105 COMMERCE WAY
SANFORD, FL 32771**

7. Name and Address of New Registered Agent

Name
James Barfield
Street Address (P.O. Box Number is Not Acceptable)
1250 Central Park Dr.
City
Sanford FL Zip Code
32771

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

1/23/08

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIFE, GUERIN 402 NORTH LAKE BLVD, # 1000 ALTAMONTE SPRINGS, FL 32701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLLOY, MATTHEW 105 COMMERCE WAY SANFORD, FL 32771	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARFIELD, JAMES 105 COMMERCE WAY SANFORD, FL 32771	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1250 Central Park Dr. Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1250 Central Park Dr. Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1250 Central Park Dr. Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/08

Date

407-323-1054

Daytime Phone #