L07000080550

(Re	equestor's Name)			
. (Ad	ldress)			
(Ad	ldress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Bu	ısiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



200159765492

08/24/09--01011--003 **25.00

09 AUG 24 PH 4: 15

S. HAWKES
AUG 2 5 2009
EXAMINER

COVER LETTER

	GOLFSTOKS USA, LLC Name of Limited Liability Company	
DOCUMENT NUMBER:	L07000080550	
The enclosed Resignation of for filing.	Registered Agent for a Limited Liability Company and fee are submitted	
Please return all corresponde	ence concerning this matter to the following:	
Tami	Gerardi	
Name	of Person	
National Corpor	ate Research, Ltd.	
	irm/Company	
	uPont Highway	
Ac	dress	
	DE 19901 and Zip Code	
•	·	
tami@nati	onalcorp.com for future annual report notification)	
	erning this matter, please call:	
Wayne Rafane	at (800) 483 1140 Area Code & Daytime Telephone Number	
Name of Pers	on Area Code & Daytime Telephone Number	

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of s	ection 608.416(2) or 608.509, Florida Statutes, the unders	igned,
	orate Research, Ltd., Inc. , hereby resign	ns as 🗐 😘
Name	of Registered Agent	
Registered Agent for	GOLFSTOKS USA, LLC	ns as FILE
	Name of Limited Liability Company	F. 5 127
L07000080	550	
Document Number, i	fknown	*
A copy of this resignation was	mailed to the above listed limited liability company at its	last known address.
The agency is terminated and t	the office discontinued on the 31st day after the date on w	hich this statement is filed.
If signing on behalf of an entit	Signature of Resigning Agent	
if signing on ochan of all chirt	у.	
	Wayne Rafanelli	
	Typed or Printed Name	
	Vice President	
	Capacity	

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314