

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073302

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA GOLF AND SPORTS CONSULTING LLC

**Current Principal Place of Business:**

1538 CROOKED STICK LOOP  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

7512 SURREY PINES DR  
APOLLO BEACH, FL 33572 US

**Current Mailing Address:**

1539 CROOKED STICK LOOP  
LAKELAND, FL 33801 US

**New Mailing Address:**

7512 SURREY PINES DR  
APOLLO BEACH, FL 33572 US

**FEI Number:** 27-0686815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

KLEYN VAN DE POLL, KYLE  
7512 SURREY PINES DR  
APOLLO BEACH, FL 33572 US

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.

SIGNATURE: KYLE KLEYN VAN DE POLL

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LAVERICK, WALTER  
Address: 7512 SURREY PINES DR  
City-St-Zip: APOLLO BEACH, FL 33572 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WALTER A. LAVERICK

MNGR

02/16/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date