

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000107890

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL GOLF SERVICES LLC

**Current Principal Place of Business:**

1039 BARRONWOOD RD  
OCOEE, FL 34761 US

**New Principal Place of Business:**

5008 STRAWBRIDGE TERRACE  
102  
SANFORD, FL 32771 US

**Current Mailing Address:**

1039 BARRONWOOD RD  
OCOEE, FL 34761 US

**New Mailing Address:**

5008 STRAWBRIDGE TERRACE  
102  
SANFORD, FL 32771 US

**FEI Number:** 27-1319245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DECKER, BRIAN  
1039 BARRONWOOD RD  
OCOEE, FL 34761 US

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

DECKER, BRIAN  
5008 STRAWBRIDGE TERRACE  
102  
SANFORD, FL 32771 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: BRIAN R. DECKER

04/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DECKER, BRIAN  
Address: 5008 STRAWBRIDGE TERRACE  
City-St-Zip: SANFORD, FL 32771 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: BRIAN R. DECKER

MGRM

04/23/2011

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