

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000000913

1. Entity Name
GOLF DATATECH, L.L.C.



Principal Place of Business
**204 SOUTH ROSE AVE
KISSIMMEE, FL 34741**

Mailing Address
**204 SOUTH ROSE AVE
KISSIMMEE, FL 34741**



01252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3379760

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STINE, THOMAS
204 SOUTH ROSE AVE
KISSIMMEE, FL 34741**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
STINE, THOMAS
3490 HOMETOWN LN
SAINT CLOUD, FL 34769**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
OVERMEYER, DAVID
6 PINWOOD WAY
MATTAPOISETT, MA 02739**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KRZYNOWEK, JOHN
31451 WEST SOMERSET
GREEN OAKS, IL 60048**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000807215
02/06/08-80072-010 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

THOMAS STINE

Date

Daytime Phone #

1/28/08 407944 4116