

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90211 041 ****50.00

DOCUMENT # M00000002123

1. Entity Name

GOLDEN WINGS GOLF LLC



Principal Place of Business

**99 DANBURY ROAD
RIDGEFIELD CT 06877**

Mailing Address

**99 DANBURY ROAD
RIDGEFIELD CT 06877**

2. Principal Place of Business

29 Silver Spring Park

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Ridgefield CT
06877 USA**

City & State

Zip

Country

4. FEI Number

06-1511695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOECHNET, JACK
138 PALM COAST PKWY N.E. #379
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MEM
LANE, JOSEPH
29 SILVER SPRING PARK
RIDGEFIELD CT 06877** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MEM
LANE, BARBARA
29 SILVER SPRING PARK
RIDGEFIELD CT 06877** ☐ Delete

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10. ADDITIONS / CHANGES

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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Joseph LANE

Date

2-5-04 (203) 894-9458

Daytime Phone #