

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015285

Entity Name: LAKELAND COUNTRY CLUB, L.L.C.**Current Principal Place of Business:**2333 GULF OF MEXICO DRIVE
APT 1A1
LONGBOAT KEY, FL 34228**Current Mailing Address:**2333 GULF OF MEXICO DRIVE
APT 1A1
LONGBOAT KEY, FL 34228**FEI Number:** 20-0777685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOLFER, JOSEPH
2333 GULF OF MEXICO DR. APT. 1A1
LONGBOAT KEY, FL 34228 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	WOLFER, JOSEPH
Address	233 GULF OF MEXICO DRIVE APT 1A1
City-State-Zip:	LONGBOAT KEY FL 34228

Title	MGR
Name	REEL FUNDING INC
Address	930 SYLVAN AVENUE SUITE 110
City-State-Zip:	ENGLEWOOD CLIFFS NJ 07632

Title	MGR
Name	NESSOR DEVELOPMENT
Address	PO BOX 603
City-State-Zip:	NEW YORK NY 10024

Title	MGR
Name	PILLAR FUNDING LLC
Address	930 SYLVAN AVENUE SUITE 110
City-State-Zip:	ENGLEWOOD CLIFFS NJ 07632

Title	MGR
Name	JKG FINANCING INC
Address	930 SYLVAN AVENUE SUITE 110
City-State-Zip:	ENGLEWOOD CLIFFS NJ 07632

Title	MGR
Name	J K G FINANCING INC DBP
Address	930 SYLVAN AVENUE SUITE 110
City-State-Zip:	ENGLEWOOD CLIFFS NJ 07632

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH WOLFER**MANAGER****01/30/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date