

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000164510

**Entity Name:** MURRAYBROSGOLF, LLC

**Current Principal Place of Business:**

24636 HARBOUR VIEW DR.  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

24636 HARBOUR VIEW DR.  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 47-2137688

**Certificate of Status Desired:** No

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

ROBINSON COLLINS, P.L.  
1604 STOCKTON ST.  
JACKSONVILLE, FL 32204 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           MANAGER  
Name           HASKELL, MACDONALD T  
Address        24636 HARBOUR VIEW DR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title           MANAGER  
Name           MURRAY, ANDREW T  
Address        230 PRESIDENTS CUP WAY  
City-State-Zip: ST. AUGUSTINE FL 32092

Title           MANAGER  
Name           SEELY, CHRISTOPHER  
Address        6636 CABELLO DR.  
City-State-Zip: JACKSONVILLE FL 32226

Title           MANAGER, CEO  
Name           MURRAY, JOEL F.  
Address        3318 CLUB DRIVE  
City-State-Zip: LOS ANGELES CA 90064

*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:** /MACDONALD HASKELL/

**MANAGER**

**02/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date