

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000206356

Entity Name: TWELFTH HOLE LLC

Current Principal Place of Business:

429 PABLO POINT DRIVE
JACKSONVILLE, FL 32225

Current Mailing Address:

PO BOX 1093
KULA, HI 96790 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 MGR
Name JASCAL CONSULTANTS LLC
Address 419 3RD ST N
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AUTHORIZED REPRESENTATIVE
Name DUGAN, JOHN J
Address 429 PABLO POINT DRIVE
City-State-Zip: JACKSONVILLE FL 32225

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: JOHN J. DUGAN

MANAGER

02/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date