

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000292903

Entity Name: GOLF FANATICS, LLC**Current Principal Place of Business:**445 COVE TOWER DRIVE, APT. #1003
NAPLES, FL 34110**Current Mailing Address:**445 COVE TOWER DRIVE, APT. #1003
NAPLES, FL 34110**FEI Number:** 85-3660573**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAX & FINANCIAL STRATEGISTS
28089 VANDERBILT DRIVE
SUITE 201
BONITA SPRINGS, FL 34134 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:** TAX & FINANCIAL STRATEGISTS, LLC

08/19/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	RICE, THERESA
Address	43 VICTORY POINTE DRIVE
City-State-Zip:	BLUFFTON SC 29910

Title	AUTHORIZED MEMBER
Name	RICE, ANDREW
Address	43 VICTORY POINTE DRIVE
City-State-Zip:	BLUFFTON SC 29910

Title	AUTHORIZED MEMBER
Name	GUERRERO, GARY
Address	2210 VARDIN PLACE
City-State-Zip:	NAPLES FL 34120

Title	AUTHORIZED MEMBER
Name	BAZALGETTE, ADAM
Address	445 COVE TOWER DRIVE #1003
City-State-Zip:	NAPLES FL 34110

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: RICE , THERESA

MANAGER

08/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date