

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003297

Entity Name: TRUE CLUB MANAGEMENT, LLC**Current Principal Place of Business:**15044 NORTH SCOTTSDALE ROAD, SUITE 300
SCOTTSDALE, AZ 85254**Current Mailing Address:**15044 NORTH SCOTTSDALE ROAD, SUITE 300
SCOTTSDALE, AZ 85254 US**FEI Number:** 20-5001496**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 OTHER, SOLE MEMBER
Name TROON GOLF, LLC
Address 15044 NORTH SCOTTSDALE ROAD,
SUITE 300
City-State-Zip: SCOTTSDALE AZ 85254

Title EVP & CFO
Name ENGLE, RUTH ELIZABETH
Address 15044 N SCOTTSDALE RD
STE 300
City-State-Zip: SCOTTSDALE AZ 85254

Title VP
Name MCGRATH, JAY MICHAEL
Address 15044 N SCOTTSDALE RD
STE 300
City-State-Zip: SCOTTSDALE AZ 85254

Title SECRETARY
Name HANSEN, JEFFREY L
Address 15044 NORTH SCOTTSDALE ROAD,
SUITE 300
City-State-Zip: SCOTTSDALE AZ 85254

Title AUTHORIZED REPRESENTATIVE
Name MARNELL, ANGELA
Address 15044 NORTH SCOTTSDALE ROAD,
SUITE 300
City-State-Zip: SCOTTSDALE AZ 85254

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: ANGELA MARNELL**AUTHORIZED
REPRESENTATIVE****04/19/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date