

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90016 039 ***538.75

DOCUMENT # L06000064034

1. Entity Name
BEACH CLUB MD LLC



Principal Place of Business
**5151 OCEAN BLVD
SARASOTA, FL 34242**

Mailing Address
**5151 OCEAN BLVD
SARASOTA, FL 34242**

60047031



09112008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-5235251

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENSON, DANIEL K
5151 OCEAN BLVD
SARASOTA, FL 34242**

Name **JAVIER GRANTHON**
Street Address (P.O. Box Number is Not Acceptable)
5151 OCEAN BLVD
City **SARASOTA** FL Zip Code **34242**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/11/08
DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	HENSON, DANIEL K	
STREET ADDRESS	5151 OCEAN BLVD	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GRANTHON, JAVIER I	
STREET ADDRESS	5151 OCEAN BLVD	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/10/08 **(941) 809-6737**
Date Daytime Phone #