

**AMENDED
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (URB)**

DOCUMENT # L00000009368

1. Entity Name

BEACON OFFICE ASSOCIATES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2442 Metrocentre Blvd.

Suite, Apt. #, etc.

3. Mailing Address
2442 Metrocentre Blvd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip **33407**

Country **USA**

City & State

West Palm Beach, FL

Zip **33407**

Country **USA**

4. FEI Number

65-1029438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **White, John II**

Street Address (P.O. Box Number is Not Acceptable)

1645 Palm Beach Lakes Blvd., Suite 1200

City **West Palm Beach**

FL

Zip Code **33401**

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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

Date, registered agent signature required when necessary

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR**
NAME
STREET ADDRESS
CITY-ST-ZIP

Asset Specialist, Inc.
Thomas R. Gibson, President
2442 Metrocentre Blvd.
West Palm Beach, FL 33407

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

John White II, Authorized Representative

September 9, 2002 561-686-3307

Date Daytime Phone #