

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000099657

**Entity Name:** 178 BEACH AVENUE, L.L.C.

**Current Principal Place of Business:**

200 WEST FORSYTH STREET, SUITE 1300  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

200 WEST FORSYTH STREET, SUITE 1300  
JACKSONVILLE, FL 32202 US

**FEI Number:** 20-5701319

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EDWARDS, DAVID  
200 WEST FORSYTH STREET, SUITE 1300  
JACKSONVILLE, FL 32202 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 MGRM  
Name EDWARDS, DAVID J  
Address 200 WEST FORSYTH STREET, SUITE 1300  
City-State-Zip: JACKSONVILLE FL 32202

Title AMBR  
Name EDWARDS, ROBIN FORD  
Address 200 WEST FORSYTH STREET, SUITE 1300  
City-State-Zip: JACKSONVILLE FL 32202

Title AMBR  
Name DAVID J. EDWARDS AND ROBIN FORD EDWARDS, AS TENANTS BY THE ENTIRETIES  
Address 200 WEST FORSYTH STREET, SUITE 1300  
City-State-Zip: JACKSONVILLE FL 32202

*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:** DAVID J. EDWARDS

**MGRM**

**05/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date