## 2021 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

# 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

### Authorized Person(s) Detail :

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

### 03/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Mar 10, 2021 Secretary of State 2958752467CC

Date

Certificate of Status Desired: No