

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000037194

**FILED**  
**Feb 27, 2020**  
**Secretary of State**  
**4990282807CC**

**Entity Name:** PORTNOY PASSINK FAMILY BEACH HOUSE, L.L.C.

**Current Principal Place of Business:**

5150 BELFORT ROAD, BUILDING 100  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

5150 BELFORT ROAD, BLDG. 100  
JACKSONVILLE, FL 32256 US

**FEI Number: 26-2428204**

**Certificate of Status Desired: No**

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

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORT ROAD, BUILDING 100  
JACKSONVILLE, FL 32256 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 PORTNOY, JERRY  
Address 5150 BELFORT ROAD, BUILDING 100  
City-State-Zip: JACKSONVILLE FL 32256

Title MGRM  
Name PORTNOY, MICHAEL  
Address 5150 BELFORT ROAD, BUILDING 100  
City-State-Zip: JACKSONVILLE FL 32256

Title MGRM  
Name PASSINK, RICHARD  
Address 5150 BELFORT ROAD, BUILDING 100  
City-State-Zip: JACKSONVILLE FL 32256

*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: RICHARD PASSINK**

**MANAGER**

**02/27/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date