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.

MANAGER

SIGNATURE: SALLY REELICK

Electronic Signature of Signing Authorized Person(s) Detail

ORMOND BEACH, FL 32176 FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

BROCK, JEFFREY P 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 US

DOCUMENT# L08000042972

1 JOHN ANDERSON DR.

ORMOND BEACH, FL 32176

Current Mailing Address: 1 JOHN ANDERSON DR.

313

313

Entity Name: DUA BEACH BUMS, LLC

Current Principal Place of Business:

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	MGR	Title	MGR
Name	REELICK, HANS	Name	REELICK, SALLY
Address	1 JOHN ANDERSON DR, #313	Address	1 JOHN ANDERSON DR, #313
City-State-Zip:	ORMOND BEACH FL 32176	City-State-Zip:	ORMOND BEACH FL 32176

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 01, 2017 Secretary of State CC6586237341

FILED

Certificate of Status Desired: No

02/01/2017

Date