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: SALLY REELICK

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent: BROCK, JEFFREY P

444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 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	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
			,

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042972

Entity Name: DUA BEACH BUMS, LLC

Current Principal Place of Business:

1 JOHN ANDERSON DR. 313 ORMOND BEACH, FL 32176

Current Mailing Address:

1 JOHN ANDERSON DR. 313 ORMOND BEACH, FL 32176

FEI Number: NOT APPLICABLE

MANAGER

03/03/2015

Date

FILED Mar 03, 2015 Secretary of State CC9988470068

Certificate of Status Desired: No