

**2021 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:**

P.O. BOX 4103  
ORMOND BEACH, FL 32175 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name TEMPLET, HOLLY  
Address 1 JOHN ANDERSON DR.  
313  
City-State-Zip: ORMOND BEACH FL 32176

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

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

*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:** HOLLY TEMPLET

**MANAGER**

**01/04/2021**

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

\_\_\_\_\_  
Date