

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000055470

**Entity Name:** BOUCHER BROTHERS BEACH MANAGEMENT FORT LAUDERDALE, LLC

**FILED**  
**Jan 31, 2020**  
**Secretary of State**  
**8398133582CC**

**Current Principal Place of Business:**

1605 NE 17TH AVENUE  
FORT LAUDERDALE, FL 33305

**Current Mailing Address:**

1605 NE 17TH AVENUE  
FORT LAUDERDALE, FL 33305

**FEI Number: 26-3102768**

**Certificate of Status Desired: No**

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

WATTS-FITZGERALD, ABIGAIL C  
DEVINE GOODMAN RASCO & WATTS-FITZGERALD LLP  
2800 PONCE DE LEON BOULEVARD SUITE1400  
CORAL GABLES, FL 33134 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 PS  
Name PERRY, CHARLES  
Address 1605 NE 17TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33305

Title VP  
Name BOUCHER, MICHAEL  
Address 1605 NE 17TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33305

Title VP  
Name BOUCHER, PERRY  
Address 1605 NE 17TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33305

Title MANAGER  
Name BEACHED MANAGEMENT INC.  
Address 1605 NE 17TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33305

Title MANAGER  
Name BOUCHER BROTHERS  
MANAGEMENT, INC.  
Address 1451 OCEAN DR.  
SUITE 205  
City-State-Zip: MIAMI BEACH FL 33139

*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: CHARLES B. PERRY**

**PRESIDENT**

**01/31/2020**

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

\_\_\_\_\_  
Date