

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102262

**Entity Name:** BEACON SQUARE PARTNERS, LLC

**Current Principal Place of Business:**

7835 N.W. BEACON SQUARE BOULEVARD  
BOCA RATON, FL 33487

**Current Mailing Address:**

7835 N.W. BEACON SQUARE BOULEVARD  
BOCA RATON, FL 33487 US

**FEI Number:** 27-1173634

**Certificate of Status Desired:** No

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

CALVARESE PROFESSIONAL ACCOUNTING  
5340 NORTH FEDERAL HIGHWAY  
SUITE #202  
LIGHTHOUSE POINT, FL 33064 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 CHERELSTEIN, STANLEY J  
Address 7608 HAWKS LANDING DRIVE  
City-State-Zip: WEST PALM BEACH FL 33412-3103

Title MGR  
Name CALVARESE, BRIAN C  
Address 1004 S.E. 10TH COURT  
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGR  
Name CALVARESE, JOANNE K  
Address 1004 S.E. 10TH COURT  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** STANLEY J. CHERELSTEIN

**MANAGER**

**03/31/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date