

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000019825

Entity Name: BEACH/PEACH, LLC**Current Principal Place of Business:**5001 PHILIPS HIGHWAY
#7-B
JACKSONVILLE, FL 32207**Current Mailing Address:**5001 PHILIPS HIGHWAY
#7-B
JACKSONVILLE, FL 32207**FEI Number:** 27-1961327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DRUMMOND, KENNETH
5001 PHILIPS HIGHWAY
#7-B
JACKSONVILLE, FL 32207 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:** KENNETH DRUMMOND

03/20/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER, PRESIDENT,
ASST. SECRETARY
Name PARSONS, ALLAN T. JR.
Address 5001 PHILIPS HIGHWAY
#7-B
City-State-Zip: JACKSONVILLE FL 32207

Title VP, SECRETARY
Name DRUMMOND, KENNETH
Address 5001 PHILIPS HIGHWAY
#7-B
City-State-Zip: JACKSONVILLE FL 32207

Title VP, ASST. SECRETARY
Name GLEIM, IRVIN N.
Address 5001 PHILIPS HIGHWAY
#7-B
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER
Name PROPERTY PLANNING, INC.
Address 5001 PHILIPS HIGHWAY
#7-B
City-State-Zip: JACKSONVILLE FL 32207

Title VP, ASST. SECRETARY, TREASURER
Name GLEIM, GARRETT W.
Address 5001 PHILIPS HIGHWAY
#7-B
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER, VP, ASST. TREASURER,
ASST. SECRETARY
Name GLEIM, LAWRENCE A.
Address 5001 PHILIPS HIGHWAY
#7-B
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER
Name GARRETT GLEIM LIVING TRUST
DATED 12/24/09
Address 5001 PHILIPS HIGHWAY
#7-B
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER
Name THE GLEIM 2012 FAMILY TRUST
DATED 12/27/12
Address 5001 PHILIPS HIGHWAY
#7-B
City-State-Zip: JACKSONVILLE FL 32207

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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: A. T. PARSONS, JR.

MANAGING MEMBER

03/20/2017

Authorized Person(s) Detail Continued :

Title	MEMBER
Name	ALLAN T. PARSONS, JR. LIVING TRUST DATED 12/10/10, AS AMENDED
Address	5001 PHILIPS HIGHWAY #7-B
City-State-Zip:	JACKSONVILLE FL 32207