

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117543

**Entity Name:** BEACH CLUB 3311, LLC**Current Principal Place of Business:**1830 S OCEAN DR  
3311  
HALLANDALE, FL 33009**Current Mailing Address:**1830 S OCEAN DR  
3311  
HALLANDALE, FL 33009 US**FEI Number:** 80-0776380**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTANEDA, JAIME  
1830 S OCEAN DRIVE  
3311  
HALLANDALE, FL 33009 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 CASTANEDA, JAIME A  
Address 1830 S OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name CASTANEDA, JUAN  
Address 1830 S OCEAN DRIVE  
3311  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name CASTANEDA, MARCELA  
Address 1830 S OCEAN DRIVE  
3311  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name GUTIERREZ, FABIAN  
Address 1830 S OCEAN DR  
3311  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name CASTANEDA, CARLOS  
Address 1830 S OCEAN DRIVE  
3311  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name CASTANEDA, LILIANA  
Address 1830 S OCEAN DRIVE  
3311  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name RODRIGUEZ, JOHAN  
Address 1830 S OCEAN DRIVE  
3311  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name ANGELA, CASTAÑEDA  
Address 1830 S OCEAN DR  
3311  
City-State-Zip: HALLANDALE FL 33009

**Continues on page 2**

*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:** JAIME CASTANEDA

MR

04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title                   DIRECTOR  
Name                 DANIEL, CASTAÑEDA  
Address            1830 S OCEAN DR  
                      3311  
City-State-Zip:   HALLANDALE FL 33009

Title                   DIRECTOR  
Name                 NELCYN, SUAREZ  
Address            1830 S OCEAN DR  
                      3311  
City-State-Zip:   HALLANDALE FL 33009