

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000117543

Entity Name: BEACH CLUB 3311, LLC**Current Principal Place of Business:**20900 NE 30 TH AVE
824
AVENTURA, FL 33180**Current Mailing Address:**20900 NE 30 TH AVE
824
AVENTURA, FL 33180**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

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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: JAIME CASTANEDA

MGR

01/22/2014

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