

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000038766

**Entity Name:** AB BEVERAGE HOLDINGS, LLC

**Current Principal Place of Business:**

9581 COUNTY HIGHWAY 30A  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

P.O. BOX 1943  
BIRMINGHAM, AL 35201 US

**FEI Number:** 46-5024851

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 EBSCO GULF COAST DEVELOPMENT, INC.  
Address 9581 COUNTY HIGHWAY 30A  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title DIRECTOR  
Name STEPHENS, JAMES T.  
Address 9581 COUNTY HIGHWAY 30A  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title VICE PRESIDENT/TREASURER  
Name WALKER, J. DAVID  
Address 9581 COUNTY HIGHWAY 30A  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title ASSISTANT TREASURER  
Name GENT, CHRIS  
Address 9581 COUNTY HIGHWAY 30A  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title SECRETARY  
Name BROOKE, DELL S.  
Address 9581 COUNTY HIGHWAY 30A  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title VP  
Name NOVAK, TYLER B. ESQ.  
Address P.O. BOX 1943  
City-State-Zip: BIRMINGHAM AL 35201

*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:** TYLER B. NOVAK

**VICE PRESIDENT**

**04/10/2017**

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

\_\_\_\_\_  
Date