

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000132221

Entity Name: 1196 BEACH WALKER, LLC**Current Principal Place of Business:**2024 LYLE AVE
COLLEGE PARK, GA 30337**Current Mailing Address:**2024 LYLE AVE
COLLEGE PARK, GA 30337 US**FEI Number:** 47-1664580**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRUDEAU, ROBERT H ESQ.
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204 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:** ROBERT H. TRUDEAU

04/08/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER

Name TIMOTHY J. HAMLING, CO-TRUSTEE
OF THE JAMES L. HAMLING
IRREVOCABLE TRUST UAD 11/30/07

Address 2024 LYLE AVE

City-State-Zip: COLLEGE PARK GA 30337

Title AUTHORIZED MEMBER

Name KATHLEEN HAMLING WASSILIEW,
CO-TRUSTE OF THE JAMES L.
HAMLING IRREVOCABLE TRUST UAD

Address 2024 LYLE AVE

City-State-Zip: COLLEGE PARK GA 30337

Title AUTHORIZED MEMBER

Name THOMAS W. HAMLING, CO-TRUSTEE
OF THE JAMES L. HAMLING
IRREVOCABLE TRUST UAD 11/30/07

Address 2024 LYLE AVE

City-State-Zip: COLLEGE PARK GA 30337

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: TIMOTHY J. HAMLING

AUTHORIZED MEMBER

04/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date