# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000159728

Entity Name: BEACH SIDE CARE, LLC

### **Current Principal Place of Business:**

21ST AVE SOUTH # 7 JACKSONVILLE BEACH, FL 32250

# **Current Mailing Address:**

21ST AVE SOUTH # 7 JACKSONVILLE BEACH, FL 32250 US

# FEI Number: 47-5126003

### Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAK COURT A TAMPA, FL 33612 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

### Authorized Person(s) Detail :

 
 Title
 VP

 Name
 ROESSER, LYNN

 Address
 21ST AVE SOUTH # 7

 City-State-Zip:
 JACKSONVILLE BEACH FL 32250

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.

VP

SIGNATURE: LYNN ROESSER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Sep 09, 2016 Secretary of State CC4945766996

Certificate of Status Desired: Yes

Date

09/09/2016 Date