

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000159728

Entity Name: BEACH SIDE CARE, LLC

Current Principal Place of Business:

2203 HAMILTON STREET
BUILDING 1
JACKSONVILLE, FL 32210

Current Mailing Address:

1020 1ST STREET SOUTH
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 47-5126003

Certificate of Status Desired: No

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

Date

Authorized Person(s) Detail :

Title OWNER
Name ROESSER, LYNN
Address 1020 1ST STREET SOUTH
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.

SIGNATURE: LYNN ROESSER

OWNER

03/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date