

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000105544

**FILED**  
**Feb 22, 2023**  
**Secretary of State**  
**1262020071CC**

**Entity Name:** THE BEACH CLUB UNIT 1102 LLC

**Current Principal Place of Business:**

1850 S OCEAN BLVD  
UNIT 1102  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1850 S OCEAN BLVD  
UNIT 1102  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MARTIN ACCOUNTING AND TAX SERVICE, INC  
7678 NW 186TH ST  
MIAMI, FL 33015 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            AMBR  
Name            LEVY, MAURICIO  
Address        1850 S OCEAN BLVD  
                  UNIT 1102  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            AMBR  
Name            KANAREK, GRACIA  
Address        1850 S OCEAN BLVD  
                  UNIT 1102  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            AMBR  
Name            LEVY, ISAAC  
Address        1850 S OCEAN BLVD  
                  UNIT 1102  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            AMBR  
Name            LEVY, PAOLA  
Address        1850 S OCEAN BLVD  
                  UNIT 1102  
City-State-Zip: HALLANDALE BEACH FL 33009

*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: MAURICIO LEVY**

**AMBR**

**02/22/2023**

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

\_\_\_\_\_  
Date