

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000045389

**Entity Name:** BEACHING 30A, LLC

**Current Principal Place of Business:**

105 CAROLYN AVENUE  
FRANKLIN, TN 37064

**Current Mailing Address:**

105 CAROLYN AVENUE  
FRANKLIN, TN 37064

**FEI Number:** 88-0548761

**Certificate of Status Desired:** Yes

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

ALL 30A PROPERTIES, LLC  
90 SPIRES LANE UNIT 7A  
SANTA ROSA BEACH, FL 32459 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 CAMPBELL, TED W  
Address 105 CAROLYN AVENUE  
City-State-Zip: FRANKLIN TN 37064

Title AMBR  
Name CAMPBELL, LISA S  
Address 105 CAROLYN AVENUE  
City-State-Zip: FRANKLIN TN 37064

Title AMBR  
Name FORDICE, JAMES O  
Address 204 EVERBRIGHT AVENUE  
City-State-Zip: FRANKLIN TN 37064

Title AMBR  
Name FORDICE, SARINA W  
Address 204 EVERBRIGHT AVENUE  
City-State-Zip: FRANKLIN TN 37064

Title AMBR  
Name HORKY, BRADLEY P  
Address 9145 CONCORD HUNT CIRCLE  
City-State-Zip: BRENTWOOD TN 37027

Title AMBR  
Name HORKY, JULIE C  
Address 9145 CONCORD HUNT CIRCLE  
City-State-Zip: BRENTWOOD TN 37027

*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:** TED W. CAMPBELL

**MEMBER/MANAGER**

**03/19/2024**

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

\_\_\_\_\_  
Date