

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000417452

Entity Name: BEACH BLUE PSYCHIATRY, LLC

Current Principal Place of Business:

201 BEACON WAY
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

201 BEACON WAY
SANTA ROSA BEACH, FL 32459 UN

FEI Number: 92-0474005

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURGESS, APRIL B
201 BEACON WAY
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 MGR
Name BURGESS, APRIL B
Address 201 BEACON WAY
City-State-Zip: SANTA ROSA BEACH FL 32459

Title AP
Name DOWNS, RAGAN D
Address 352 THIS WAY
City-State-Zip: FREEPORT FL 32439

Title AP
Name LIZANA, GAVIN
Address 201 BEACON WAY
City-State-Zip: SANTA ROSA BEACH FL 32459

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: APRIL BULLOCK BURGESS

MGR

03/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date