

**2023 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	Title	AP
Name	BURGESS, APRIL B	Name	DOWNS, RAGAN D
Address	201 BEACON WAY	Address	352 THIS WAY
City-State-Zip:	SANTA ROSA BEACH FL 32459	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

04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date