

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000005009

1. Entity Name
BEACHED, L.C.



Principal Place of Business
**2033 MAIN ST., STE. 600
SARASOTA, FL 34237**

Mailing Address
**2033 MAIN ST., STE. 600
SARASOTA, FL 34237**



02032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1003886

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MYERS, TROY H JR, ESQ
2033 MAIN ST., STE. 600
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR.
MYERS, TROY H JR
2033 MAIN ST., STE. 600
SARASOTA, FL 34237**

TITLE
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CITY-ST-ZIP

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000000433948
02/24/06-80035-018 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Troy H. Myers Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TROY H. MYERS, Jr. as Manager 02/09/2006

Date

Daytime Phone #

(941) 953-8110