


FILED
Feb 11, 2008 8:00 am
Secretary of State

60007183

DOCUMENT # L00000009393

1. Entity Name
BEACHTOWN REALTY, LLC



Principal Place of Business
1200 RIVERPLACE BLVD
STE 902
JACKSONVILLE, FL 32207

Mailing Address
1200 RIVERPLACE BLVD
STE 902
JACKSONVILLE, FL 32207

2. Principal Place of Business - No P.O. Box #
120 BENT PINE COURT

3. Mailing Address
PO BOX 449

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PONTE VEDRA BEACH FL

City & State
PONTE VEDRA BEACH FL

4. FEI Number
59-3676042

Applied For
Not Applicable

Zip
32082

Country
USA

Zip
32004

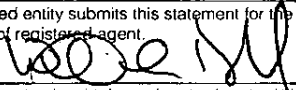
Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DAHL, WILLIAM L
1200 RIVERPLACE BLVD., STE 902
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent
Name
WILLIAM L DAHL
Street Address (P.O. Box Number is Not Acceptable)
120 BENT PINE COURT
City
PONTE VEDRA BEACH FL Zip Code
32082

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  William L. Dahl DATE 2/5/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DAHL, WILLIAM L
1200 RIVERPLACE BLVD., #902
JACKSONVILLE, FL 32207

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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120 BENT PINE COURT
PONTE VEDRA BEACH FL 32082

☒ Change ☐ Addition

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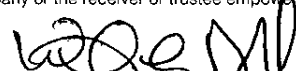
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:  William L. Dahl DATE 2/5/08 904 394-5242

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

Date

Daytime Phone #