


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90998 010 ****50.00

DOCUMENT # L01000006285 ✓

1. Entity Name
BEACHSIDE INVESTMENTS GROUP LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8438 GULF BLVD
Suite, Apt. #, etc.

3. Mailing Address
8438 GULF BLVD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAVARRE BEACH, FL

City & State
NAVARRE BEACH, FL

4. FEI Number
59-3714534

Applied For
☐ Not Applicable

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

Zip
32566

Country

Zip
32566

Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
KENNETH R. FOUNTAIN

Street Address (P.O. Box Number is Not Acceptable)
8438 GULF BLVD

City
NAVARRE BEACH

FL

Zip Code
32566

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.

DATE _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>BETTY FOUNTAIN</u> <u>1901 RUE LA FONTAINE</u> <u>NAVARRE, FL 32566</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Betty Fountain BETTY FOUNTAIN 4/25/03 (930) 939-8770

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

Date

Daytime Phone #

CR2E083B (12/02)