## **2008 LIMITED LIABILITY COMPANY**

SIGNATURE:

## Mar 03, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L01000011466** 03-03-2008 90402 010 \*\*\*138.75 1. Entity Name BEACHDEAL REALTY, LLC Principal Place of Business Mailing Address 60011991 4564 WOODWIND DR 4564 WOOD WIND DRIVE DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FFI Number NOT APPLICABLE Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROHRER, CHARLOTTE Street Address (P.O. Box Number is Not Acceptable) 4564 WOOD WIND DR. DESTIN, FL 32541 City Zip Code 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 tide if applicable. DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to ..... Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Defete TITLE ☐ Change ☐ Addition ROHRER, CHARLOTTE NAME NAME STREET ADDRESS STREET ADDRESS 4564 WOOD WIND DR. CITY-ST-78P DESTIN, FL 32541 CITY-S1-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete mle ☐ Addition Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE IIIIF Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 bility company or the receiver or truesee empowered to execute this poort as required by Chapter 608, Florida Statutes. limited liability company or the

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Daytime Phone #