

AMENDED

**2004 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

DOCUMENT # L01000012940

1. Entity Name  
SANDY SHORES REALTY, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 11 AM 11:52

WL  
08/30/04

Principal Place of Business  
818 US ONE  
NORTH PALM BEACH, FL 33408

Mailing Address  
818 US ONE  
NORTH PALM BEACH, FL 33408



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08022004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-1128118

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FINCK, ALESSANDRA  
818 US ONE  
NORTH PALM BEACH, FL 33408

**7. Name and Address of New Registered Agent**

Name

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

City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

TITLE D ☐ Delete  
NAME FINCK, ALESSANDRA  
STREET ADDRESS 818 US ONE  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE D ☐ Delete  
NAME Debra A. Meyer  
STREET ADDRESS 818 US ONE  
CITY-ST-ZIP North Palm Beach FL 33408

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Debra A Meyer  
STREET ADDRESS 818 US ONE  
CITY-ST-ZIP N. Palm Beach, FL 33408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Alessandra Finch

8/2/04

561-707-6974  
561-721-3038