

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90117 025 \*\*\*\*50.00

**DOCUMENT # L01000020553**

1. Entity Name

BEACHQUEST LLC



Principal Place of Business

1928 HEATHWOOD DRIVE  
WINTER PARK FL 32792

Mailing Address

1928 HEATHWOOD DRIVE  
WINTER PARK FL 32792

2. Principal Place of Business

127 Kilgore Circle

3. Mailing Address

127 Kilgore Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Simpsonville SC

City & State

Simpsonville SC

Zip

29681

Country

USA

Zip

29681

Country

USA

4. FEI Number

59-3758893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DODSON, RICHARD  
1928 HEATHWOOD DRIVE  
WINTER PARK FL 32792

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
DODSON, RICHARD  
1928 HEATHWOOD DRIVE  
WINTER PARK FL 32792

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 #

*Richard Dodson*

4/12/04

864-288-9697