

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90257 010 ****50.00

DOCUMENT # L03000009538

1. Entity Name

BEACHBALL, LLC



Principal Place of Business

~~5020 COMMERCE PARK~~
~~PENSACOLA FL 32505~~

Mailing Address

~~5020 COMMERCE PARK~~
~~PENSACOLA FL 32505~~

2. Principal Place of Business

3802 Hwy 90

3. Mailing Address

3802 Hwy 90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PACE, FL

City & State

PACE, FL

4. FEI Number

03-0515033

Applied For

Not Applicable

Zip

32571

Country

Zip

32571

Country

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

ANDREWS, ROBERT MD

~~5020 COMMERCE PARK~~

~~PENSACOLA FL 32505~~

3802 Hwy 90
PACE, FL 32571

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 MGRM ☐ Delete
NAME KINCAID, ROBERT MD
STREET ADDRESS 5020 COMMERCE PARK
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☒ Change ☐ Addition
NAME 3802 Hwy 90
STREET ADDRESS PACE, FL 32571
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MIAN, MUNIRA
STREET ADDRESS 5020 COMMERCE PARK
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☒ Change ☐ Addition
NAME 3802 Hwy 90
STREET ADDRESS PACE, FL 32571
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME ANDREWS, ROBERT MD
STREET ADDRESS 5020 COMMERCE PARK
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☒ Change ☐ Addition
NAME 3802 Hwy 90
STREET ADDRESS PACE, FL 32571
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME BURNETT, WAYNE MD
STREET ADDRESS 5020 COMMERCE PARK
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☒ Change ☐ Addition
NAME 3802 Hwy 90
STREET ADDRESS PACE, FL 32571
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME STACHLER, RICHARD MD
STREET ADDRESS 5020 COMMERCE PARK
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☒ Change ☐ Addition
NAME 3802 Hwy 90
STREET ADDRESS PACE, FL 32571
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME JUDSON, DONNA MD
STREET ADDRESS 5020 COMMERCE PARK
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☒ Change ☐ Addition
NAME 3802 Hwy 90
STREET ADDRESS PACE, FL 32571
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 60B, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3/30/04

994-5660