


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000039358</b>	
1. Entity Name <b>BEACH PRINTING, LLC</b>	
	
Principal Place of Business 205 S. ARNOLD RD. PANAMA CITY BEACH, FL 32413	Mailing Address 205 S. ARNOLD RD. PANAMA CITY BEACH, FL 32413



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1181117	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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

WELCH, STEVEN T  
6 E. 4TH ST.  
PANAMA CITY, FL 32401

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000895363

04/24/08-80066-011 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BUELL, JOHN E
STREET ADDRESS	205 S. ARNOLD ROAD
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	MGRM
NAME	BUELL, LINDA B
STREET ADDRESS	205 S. ARNOLD ROAD
CITY-ST-ZIP	PANAMA CITY, FL 32412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:** *Linda B. Buell*

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

*4/11/08 (850)234-8284*

Date

Daytime Phone #