

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000077580

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: BEACHSIDE & BEYOND PROFESSIONAL SERVICES LLC

**Current Principal Place of Business:**

202 LA PALOMA PL  
1  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

202 LA PALOMA PL  
1  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

FEI Number: 14-1917074      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LEGGETT, JERRY C  
202 LA PALOMA PL  
1  
PANAMA CITY BEACH, FL 32413 US

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.

SIGNATURE: JERRY C LEGGETT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEGGETT, JERRY C  
Address: 202 LA PALOMA PL APT.#1  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGRM ( ) Delete  
Name: LEGGETT, TERRY B  
Address: 202 LA PALOMA PL APT #1  
City-St-Zip: PANAMA CITY BEACH, FL 32413

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JERRY C LEGGETT

MGRM

01/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date