

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086705

Entity Name: LIFE IS A BEACH, LLC

FILED  
Jul 07, 2008  
Secretary of State

**Current Principal Place of Business:**

624 MONROE AVE  
SUITE 202  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

624 MONROE AVE  
SUITE 202  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 20-5483236      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

SALMEN, JOANNA S  
624 MONROE AVENUE  
SUITE 202  
CAPE CANAVERAL, FL 32920 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SALMEN, JOANNA S  
Address: 624 MONROE AVENUE, SUITE 202  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGRM ( ) Delete  
Name: VANDERVOSEN, SARAH J  
Address: 624 MONROE AVENUE  
City-St-Zip: CAPE CANAVERAL, FL 32920

**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: SARAH J VANDERVOSEN

MS

07/07/2008

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