

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024307

FILED
Mar 23, 2009
Secretary of State

Entity Name: BEACHSIDE SERVICES LLC

Current Principal Place of Business:

436 OLD MISSION RD
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

436 OLD MISSION RD
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 20-8630192 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STOCKER, ROBERT
436 OLD MISSION RD
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: STOCKER, ROBERT
Address: 436 OLD MISSION RD
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM () Delete
Name: STOCKER, DENISE
Address: 436 OLD MISSION RD
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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: ROBERT STOCKER

MGRM

03/23/2009

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