

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098812

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: BEACH BOTANICALS, LLC

**Current Principal Place of Business:**

1160 MANDALAY POINT ROAD  
CLEARWATER, FL 33767

**New Principal Place of Business:**

1219 FRANKLIN CIRCLE  
CLEARWATER, FL 337565815

**Current Mailing Address:**

1219 FRANKLIN CIRCLE  
CLEARWATER, FL 33756

**New Mailing Address:**

1219 FRANKLIN CIRCLE  
CLEARWATER, FL 337565815

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

BROWNLEE, HUNTER J  
FOWLER WHITE BOGGS BANKER, P.A.  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602 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: CROWN, ROBERT E  
Address: 1160 MANDALAY POINT ROAD  
City-St-Zip: CLEARWATER, FL 33767

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CROWN, ROBERT E  
Address: 1219 FRANKLIN CIRCLE  
City-St-Zip: CLEARWATER, FL 337565815

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 E CROWN                      MNGR                      02/06/2009

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