

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000057006

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** BEACH TREATS, LLC

**Current Principal Place of Business:**

1744 E. GENOA CIRCLE  
HOWELL, MI 48843

**New Principal Place of Business:**

1000 ESTERO BLVD.  
FORT MYERS BEACH, FL 33931

**Current Mailing Address:**

1744 E. GENOA CIRCLE  
HOWELL, MI 48843

**New Mailing Address:**

22 PALMVIEW BLVD.  
FORT MYERS BEACH, FL 33931

**FEI Number:** 26-2813432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EICHEN, DAVID C MEMBER  
22 PALMVIEW BLVD.  
FORT MYERS BEACH, FL 33931 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:** MGR  
**Name:** EICHEN, DAVID  
**Address:** 22 PALMVIEW BLVD.  
**City-St-Zip:** FORT MYERS BEACH, FL 33931

**Title:** MGR  
**Name:** EICHEN, TINA  
**Address:** 22 PALMVIEW BLVD.  
**City-St-Zip:** FORT MYERS BEACH, FL 33931

I hereby 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:** DAVID C. EICHEN

MEM

01/05/2010

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