

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000061211

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** FIRST BEACHES INSURANCE, LLC

**Current Principal Place of Business:**

1617 BEACH BLVD  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

1617 BEACH BLVD  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 27-0546977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAO, CHARLES D  
217 OCEANFOREST DRIVE NORTH  
ATLANTIC BEACH, FL 32233 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:** CHAO, CHARLES D  
**Address:** 217 OCEANFOREST DRIVE NORTH  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

**Title:** MGR  
**Name:** GARCIA, GEORGE J III  
**Address:** 640 OCEAN BLVD  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

**Title:** SECY  
**Name:** GARCIA, GEORGE J IV  
**Address:** 2011 SWEET BRIAR LANE  
**City-St-Zip:** JACKSONVILLE, FL 32217

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:** CHARLES D CHAO

MGR

04/06/2011

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