

8/21/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: psfb@comcast.net

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEACHSIDE NEW SMYRNA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2020 AUG 21 PM 2:56

2020 AUG 21 PM 4:28

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AUG 21 2020

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COVER LETTER (H 200002902753)

**TO: Registration Section
Division of Corporations**

SUBJECT: BEACHSIDE NEW SMYRNA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRENT BURCHETT

Name of Person

BEACHSIDE HOSPITALITY MANAGEMENT

Firm/Company

11201 CORPORATE CIR. N STE 100

Address

ST PETERSBURG FL 33716

City/State and Zip Code

BRENTB@BSHGRP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH E LONG

239 400-2060

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(H 200002902753)

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(H 200002902753)

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GREG POWERS	11201 Corporate Cir North Suite #100	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LISA SMITHSON	11201 Corporate Cir North Suite #100	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 19, 2020

Signature of a member or authorized representative of a member

KEITH E. LONG as Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00