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DOCUMENT #  1. Entity Name	L99000002177								
FLORIDA BEACHFRONT MOTELS, L.L.C.									
	· · ·								
Principal Place of Business	Mailing Address								
	<b>v</b>								
1616 ATHENS STREET	1616 ATHENS STREET								
LAKELAND FL 33803-3418	LAKELAND FL 33803-3418								
2. Principal Place of Business	3. Mailing Address								
2. Finicipal Flace of Business	J. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.								

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Zip .	Country	Zip	Zip Coun				5. Certificate of Status Desired S5.00 Addition Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
WALTERS, WALT-					Street Address (P.O. Box Number is Not Acceptable)						
1616 ATHENS STREET					Sireet Address (r.O. Box Number is Not Acceptable)						
	D FL 33803-3418						-				
ENICEMIND TE 30003-0410					City FL Zip Code						
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o. The above	named entity submits this	statement for the purp	ose or changing its	s registere	au onice or regi	stereu agent, (	JEDOM, REINE SIATE	ui rionua.			
CIONIATUDE								:			
SIGNATURE .	Signature, typed or printed name of	registered agent and title if app	olicable. (NO	TE: Registere	d Agent signature rec	uired when reinstatin	ng)	DATE			
Calleton Co											
1610 411		ſ			FEE IS \$50.0						
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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER