2001 (UNIFORM BUSI	NESS REPO	KI	(ARK)	1			
DOCUMENT #7								
1. Entity Name								
,					FLED :			
Beacon Properties of SW Florida LLC					1 land time L.			
Principal Place of Business , Mailing Address , Mailing Address					JUL -2 AM 8:47			
2020 # ## 01					'			
	Suite #1				ETARY OF STATE			
Fort Myers, F1 33901					HASSEE, FLORIDA			
2. Principal Place	e of Business	3. Mailing Address		-				
2109 Cra	wford Street	2109 Crawford Street						
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number		Applied For	
Fort Myers, F1		Fort Myers, Fl		65-094037		Not Applicable		
Zip	Country	Zip Court		try	5. Certificate of Status Desired 5.00 Additional Fee Required			
33901	6. Name and Address of Current F	33901 Registered Agent —	<u> </u>		- 7Name and Address of New Re	gistered Agent		
Name								
Brandon Johnson Street Address					(P.O. Box Number is Not Acceptable)			
	25th Place							
Cape Coral, F1 33914							E- Cada	
				City FL Zip Code				
8. The above nar	med entity submits this statement for	r the purpose of changing its	s register	∋d office or registe	red agent, or both, in the State of Flo	rida.	<u>.</u>	
	76/1/1			•		6/27/01	1	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register d Agent signature required when reinstating) DATE								
File NOWIII FEE IS \$50:00								
make Crisck Edyable: O'Departing it O'State.								
9.	MANAGING MEMBE	ERS/MEMBERS	10.		ADDITIONS/		Mana Official	
TITLE E	Brandon Johnson, Member Brandon Johnson, Member Brandon				8000044 -07/16/0	تفادد) -01004-11	enge — p udition ——ΩΩΕ	
IVAIVIC	4202 CM 2543 D1			EET AODRESS	*****50.00 *****50.00			
CITY-ST-ZIP C	Cape Coral, F1 3	3914	CIT	'-ST-ZIP				
TITLE	Jan Johnson, Meml	ber Delete	TITL	ł			Change 🔲 Addition	
NAME 7	7002 Kimberly Te		NA/	1E EET ADDRESS				
STREET ADDRESS F	Fort Myers, F1 3	3919		'-ST-ZIP				
HILE	=	_ □ Delete	- nn	Ε	1	- · · · · · · · · · · · · · · · · · · ·	Change	
NAME			NAI	ľ	•			
STREET ADDRESS CITY-ST-ZIP	•			EET ADDRESS -ST-ZIP				
TITLE	·	Delete	TITI				Change Addition	
NAME			NAf		, '			
STREET ADDRESS	,			EET ADDRESS				
CITY-ST-ZIP			-	'-ST-ZiP	i		Change Addition	
TITLE		B Delete	- TIT' NAI	1E		i i i i i i i i i i i i i i i i i i i		
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CITY-ST-ZIP			_	-ST-ZIP			Change	
TITLE NAME		Delete	TIT NAI	E Æ	and the second s		- >	
STREET ADDRESS	tali u u t	CONTRACTOR STATE		EET ADDRESS	ng to properly	-	+ - - +	
CITY-ST-ZIP				r-ST-ZIP		•		
11. Thereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and may my signature shall have the same elegal effect as if made under oath; that I am a managing member or manager of the								
limited liability company or the ecceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
W/L/N/L								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Date Date Date Date								
	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, M.	ANAGER, O	AUTHORIZED REPRES	BENTATIVE Date	Dayiine		