	INESS REPO	KI (UBI	K)				
DOCUMENT # L9900006192  1. Entity Name BEACH INVESTORS, LLC				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
				01 FEB -5	PM 4: 45		
Principal Place of Business  825 WRIGHT ST.  ENGLEWOOD FL 34223  Mailing Address  825 WRIGHT ST.  ENGLEWOOD FL 34223							
Principal Place of Business     3. Mailing Address		•					
Suite, Apt. #, etc. Suite, Apt. #, etc		,		DO NOT WRITE	IN THIS SPACE	ine co s ti	
City & State	City & State	City & State		65-0951780		oplied For ot Applicable	
Zip Country	. Zip	Country	5. (	Certificate of Status Desired	S5.00 Add Fee Require		
6. Name and Address of Curren	t Registered Agent		7. N	lame and Address of New Reg	istered Agent		
LVONO MILLIAM IZ		Name					
LYONS, WILLIAM K 825 WRIGHT ST. ENGLEWOOD FL 34223		Street A	ddress (P.O. Bo	ox Number is Not Acceptable)			
ENGLEWOOD PL 34223		City		,	FL Zip Cod	e	
SIGNATURE		E Registered Agent signate  DW!!! FEE IS \$  yable to Depart	50.00		DATE		
9. MANAGING MEM	BERS/MEMBERS	10.		ADDITIONS/C			
TITLE MGRM  NAME J. KIMPTON HONEY  STREET ADDRESS CITY-ST-ZIP  MGRM  J. KIMPTON HONEY  P600 EAGLE PRESERVE DRIVE  ENGLEWOOD FL 34224	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wyllia Po Bo Boxa	m A Hauley Jo ×1123 Grande FL		Addition	
TITLE MEM  NAME WILLIAM K: LYONS  STREET ADDRESS  CITY-ST-ZIP  ENGLEWOOD FL 34223	, 💆 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7000036	□ Change	Addition Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		******5		SIT Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete :	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
11. I hereby certify that the information supplied wit indicated on this report is true and accurate and limited liability company or the receiver or trusts SIGNATURE:	th this filing does not qualify for d that my signature shall have the empowered to execute this representations of statement and the statement of	the same legal effereport as required	ted in Section tot as if made uby Chapter 608	inder oath; that I am a managin B, Florida Statutes.	urther certify that the ig member or manage	nformation er of the	