DOCUMENT # L9900006270 1. Entity Name BEACH-ST. JOHNS BLUFF, LC					APPROVED AND FILED		
		Mailing Address				I AM11:02	
		4347-10 UNIVERSITY BLVD SOUTH JACKSONVILLE FL 32216-4966		SECRETARY OF STATE FALLAHASSEE.FLORIDA			A. 1881 881 1881
2. Principal Place of Business		3. Mailing Address					INTERN DENNISTER
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MINIM	DO NOT WRITE IN	N THIS SPACE	
City & State		City & State		4. FEI Numbe	4. FEI Number Applied For 59 - 300 4850 Not Applicat		
Zip	Country	Zip	Country			S.00 Ad	ditional
	6. Name and Address of Curren	nt Registered Agent		7. Name and	Address of New Regis	<u></u>	
SLEIMAN, PETER D 4347-10 UNIVERSITY BLVD SOUTH		Name Street Addre	ress (P.O. Box Number is Not Acceptable)				
	7LLE FL 32216						
		City	FL Zip Code				
BIGNATURE	Signature, typed or printed name of registered ager		DTE: Registered Agent signature re			DATE	
)	MANAGING MEM	FILE M Make Check F	· · · · · · · · · · · · · · · · · · ·	00 nt of State	ADDITIONS/CH		Addition
). ITLE ADDRESS 4	· · · · · · · · · · · · · · · · · · ·	FILE N Make Check P BERS/MEMBERS	NOW!!! FEE IS \$50. Payable to Department	00 nt of State	ADDITIONS/CH 2000032 -05/09/ ******5	ANGES 245653 0001125-	-011
). ITLE ADDRESS 4	MANAGING MEMI MGRM SLEIMAN, ANTHONY T 4347-10 UNIVERSITY BLVD SOL	FILE N Make Check P BERS/MEMBERS	NOW!!! FEE IS \$50. Payable to Department 10. TITLE NAME STREET ADDRESS	00 nt of State	3000032 -05/09/	ANGES 245653 0001125-	3 - 1 -011
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