

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M12000003353

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** BEACH RESORT MANAGEMENT, LLC

**Current Principal Place of Business:**

1500 MIRACLE STRIP PARKWAY, SE  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

1500 MIRACLE STRIP PARKWAY, SE  
FT. WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 90-0867046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALVATORI, WOOD & BUCKEL, P.L.  
9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** LEO J. SALVATORI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** TOLBERT, FRED E III  
**Address:** 1500 MIRACLE STRIP PARKWAY, SE  
**City-St-Zip:** FT. WALTON BEACH, FL 32548

**Title:** D  
**Name:** ZIMMER, STEVEN P  
**Address:** 1209 ORANGE STREET  
**City-St-Zip:** WILMINGTON, DE 19801

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** FRED E. TOLBERT, III

MGR

10/08/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date