

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000024253

**Entity Name:** BEEKMAN PLACE ADVISORS, LLC

**Current Principal Place of Business:**

5900 SHORE BLVD SOUTH  
UNIT 402  
GULF PORT, FL 33707

**Current Mailing Address:**

PO BOX 531264  
SAINT PETERSBURG, FL 33747

**FEI Number:** 20-2506776

**Certificate of Status Desired:** No

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

DEVINE, THOMAS GMGRM  
5900 SHORE BLVD SOUTH  
UNIT 402-----TOM DEVINE  
GULF PORT, FL 33707 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DEVINE, THOMAS  
Address 5900 SHORE BLVD SOUTH--UNIT 402  
City-State-Zip: GULF PORT FL 33707

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS DEVINE

**REGISTERED AGENT**

**04/27/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date