

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000105898

**Entity Name:** FOUR ACRE BEACH PROPERTY, LLC

**Current Principal Place of Business:**

140 SW CHAMBER COURT  
SUITE 200  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

140 SW CHAMBER CT  
STE 200  
PORT ST LUCIE, FL 34986

**FEI Number:** 27-1270976

**Certificate of Status Desired:** No

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

IOANNIDES, TIM  
140 SOUTHWEST CHAMBER COURT  
SUITE 200  
PORT ST. LUCIE, FL 34986 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 MGR  
Name IOANNIDES, TIM M.D.  
Address 140 SW CHAMBER CT, STE 200  
City-State-Zip: PORT ST LUCIE FL 34986

*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:** TIM IOANNIDES

MGR

04/01/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date