

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085193

**Entity Name:** NAPLES BEACH BREWERY, LLC**Current Principal Place of Business:**3681 WHITE BLVD.  
NAPLES, FL 34117**Current Mailing Address:**LIVINGSTON LOEFFLER, P.A.  
963 TRAIL TERRACE DRIVE  
NAPLES, FL 34103 US**FEI Number:** 45-2829458**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIVINGSTON LOEFFLER P.A.  
LIVINGSTON LOEFFLER, P.A.  
963 TRAIL TERRACE DRIVE  
NAPLES, FL 34103 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:** EDWARD M LIVINGSTON

04/19/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING DIRECTOR/MEMBER  
Name LAWSON, WILLIAM J  
Address 3681 WHITE BLVD.  
City-State-Zip: NAPLES FL 34117

Title SECRETARY/TREASURER/MANAGER/  
MEMBER  
Name LAWSON, RACHEL A  
Address 3681 WHITE BLVD.  
City-State-Zip: NAPLES FL 34117

Title MANAGER/MEMBER  
Name HEINRICH, ROLAND A  
Address 28 ENFIELD DRIVE  
City-State-Zip: ANDOVER MA 01810

Title MANAGER/MEMBER  
Name HEINRICH, CAROLA H  
Address 28 ENFIELD DRIVE  
City-State-Zip: ANDOVER MA 01810

Title MEMBER  
Name ROGERS, TIMOTHY  
Address 7466 MARTINIQUE TERRACE  
City-State-Zip: NAPLES FL 34113

*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:** WILLIAM J. LAWSON

MANAGING DIRECTOR

04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date