S CORP PKWY SUITE 310			
55525			
ling Address:			
	0		
FEI Number: 46-3951939		Certificate of Status Desired: No	
ddress of Current Registere	d Agent:		
S CORP PKWY SUITE 310			
entity submits this statement for the purp	ose of changing its registered office or regis	tered agent, or both, in the State of Florida	
NATURE: CRAIG ZERBST		0	3/30/2014
Electronic Signature of Registered	I Agent		Date
Person(s) Detail :			
MGRM	Title	MGRM	
ZERBST, CRAIG	Name	ZERBST, DOROTHY	
490 SAWGRASS CORP PKWY SU 310	TE Address	490 SAWGRASS CORP PKWY SU 310	ITE
SUNRISE EL 33325	City-State-Zip:	SUNRISE FL 33325	
MGR			
MGR	TE		
	S CORP PKWY SUITE 310 33325 Iing Address: ASS CORP PKWY SUITE 310 L 33325 : 46-3951939 ddress of Current Registere G S CORP PKWY SUITE 310 3325 US I entity submits this statement for the purport :: <u>CRAIG ZERBST</u> Electronic Signature of Registered Person(s) Detail : MGRM ZERBST, CRAIG 490 SAWGRASS CORP PKWY SUITE	33325    ling Address:    ASS CORP PKWY SUITE 310    5L 33325    : 46-3951939	S CORP PKWY SUITE 310    33325    ling Address:    ASS CORP PKWY SUITE 310    12 33325    : 46-3951939    c 46-3951939    iddress of Current Registered Agent:    3    S CORP PKWY SUITE 310    3325 US    I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridates    I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridates    I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridates    I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridates    I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridates    I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridates    I entity submits this statement for the purpose of changing its registered agent    Person(s) Detail :    MGRM  Title    MGRM  Mame    ZERBST, CRAIG  Name    490 SAWGRASS CORP PKWY SUITE  Address

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: CRAIG ZERBST

Electronic Signature of Signing Authorized Person(s) Detail

MR

## 03/30/2014 Date

# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L13000148884

### Entity Name: OCEAN BEATS, LLC

#### **Current Principal Place of Business:**

### FILED Mar 30, 2014 Secretary of State CC5825308926