

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000136444

**Entity Name:** BEACHLINE SOUTH RESIDENTIAL, LLC

**Current Principal Place of Business:**

4901 VINELAND ROAD  
SUITE 450  
ORLANDO, FL 32811

**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**6091653379CC**

**Current Mailing Address:**

4901 VINELAND ROAD  
SUITE 450  
ORLANDO, FL 32811 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: STEPHANIE MILNES**

**04/22/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: MATTAMY ORLANDO LLC  
Address: 4901 VINELAND ROAD  
SUITE 450  
City-State-Zip: ORLANDO FL 32811

Title: SECRETARY  
Name: HARRIS, ROBERT A IV  
Address: C/O HARRIS LAW FIRM  
P.O. BOX 7474  
City-State-Zip: RICHMOND VA 23221

Title: VP  
Name: BASELICE, DAVID  
Address: 4901 VINELAND ROAD  
SUITE 450  
City-State-Zip: ORLANDO FL 32811

Title: VP  
Name: MANCHESTER, ELIZABETH  
Address: 4901 VINELAND ROAD  
SUITE 450  
City-State-Zip: ORLANDO FL 32811

Title: PRESIDENT  
Name: BASS, KEITH E  
Address: 4901 VINELAND ROAD  
SUITE 450  
City-State-Zip: ORLANDO FL 32811

Title: VP  
Name: SWARTZ, NICOLE MARGINIAN  
Address: 4901 VINELAND ROAD  
SUITE 450  
City-State-Zip: ORLANDO FL 32811

Title: VP  
Name: MADLANG, RODOLFO GABRIEL  
Address: 4901 VINELAND ROAD  
SUITE 450  
City-State-Zip: ORLANDO FL 32811

Title: VP  
Name: GRANEY, TIMOTHY P  
Address: 4901 VINELAND ROAD  
SUITE 450  
City-State-Zip: ORLANDO FL 32811

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*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: ROBERT A. HARRIS IV**

**SECRETARY**

**04/22/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP

Name LOPEZ, ERIC

Address 4901 VINELAND ROAD, SUITE 450

City-State-Zip: ORLANDO FL 32811