

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000073376

**Entity Name:** BEAST COAST FILMS LLC

**Current Principal Place of Business:**

1114 HACKBERRY DR.  
ORLANDO, FL 32825

**Current Mailing Address:**

1114 HACKBERRY DR.  
ORLANDO, FL 32825 US

**FEI Number:** 47-3878253

**Certificate of Status Desired:** No

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

PARRISH, MICHAEL G  
1114 HACKBERRY DR.  
ORLANDO, FL 32825 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           | AMBR               | Title           | AMBR                 |
| Name            | PARRISH, MICHAEL G | Name            | CHAMBERLIN, ANDREW D |
| Address         | 1114 HACKBERRY DR. | Address         | 3322 ARNEL CT.       |
| City-State-Zip: | ORLANDO FL 32825   | City-State-Zip: | WINTER PARK FL 32792 |

*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:** MICHAEL G PARRISH

AMBR

04/21/2016

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

\_\_\_\_\_  
Date